

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Silsby Sr.

State File No. **26620**

FILED SEP 12 1949

BIRTH NO. **485-31-49** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **799**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
b

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Rural - N. Cam 7 1/2	
		d. STREET ADDRESS (If rural, give location) Route # 2	
3. NAME OF DECEASED (Type or Print) a. (First) Patricia		b. (Middle) Ann	
		c. (Last) Hammond	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 49			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 26, 49
9. AGE (In years last birthday) 9	IF UNDER 1 YEAR 9 Months	IF UNDER 12 HRS. 9 Days	IF UNDER 24 HRS. 9 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME William G. Hammond		13b. MOTHER'S MAIDEN NAME Elsie Tiffany	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME William G. Hammond		ADDRESS Rt. # 2 Spfd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-26 , 19 49 , to 9-5 , 19 49 , that I last saw the deceased alive on 9-5 , 19 49 , and that death occurred at 9:25A m., from the causes and on the date stated above.			
23a. SIGNATURE E. J. Schwartz M.D. (Degree or title)		23b. ADDRESS 200 E. Pershing Springfield Mo.	
		23c. DATE SIGNED 9-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/6/49	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9-7-49	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer Springfield, Mo	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

This body was not embalmed.

Signed William E. Freer

Signed.....
Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Springfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.