

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12321
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 59

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>109 Haynes Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 Haynes Street</u>		d. STREET ADDRESS <u>109 Haynes St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>D.</u> c. (Last) <u>HAMMETT</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 19 1950</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan 28 1864</u>
<b>9. AGE</b> (In years last birthday) Months Days <u>86</u> <u>2</u> <u>21</u>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Samuel Pitte</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Winston</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph P. Hammett</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary W. Bates, Excelsior Springs, Mo.</u>		<b>ADDRESS</b> <u>Excelsior Springs, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>4/8</u>, 19<u>47</u>, to <u>4/19</u>, 19<u>50</u>, that I last saw the deceased alive on <u>4/19</u>, 19<u>50</u>, and that death occurred at <u>5:15 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>J. M. Craven, O.M.D.</u>		<b>23b. ADDRESS</b> <u>Excelsior Springs, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>4/19/50</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>4/21/50</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hunterville Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hunterville, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4/21/50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Caroline Butcher</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Claude Prichard</u>		<b>ADDRESS</b> <u>Excelsior Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5/4/50

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.

Student

Student Embalmer

Signed *Lancee K. Jarman*

Licensed Embalmer No. 4589

P. O. Address *Excelsior Springs, Mo.*

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.