

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12587

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 376-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Walnut Grove - 0390	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) Walnut Grove 1 way	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	(First) LUELLA	(Middle) (NONE)	(Last) HAMONTREE	4. DATE OF DEATH (Month) (Day) (Year) APRIL 20 1950
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 30, 1876	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Isaac Julian	13b. MOTHER'S MAIDEN NAME Clementine Bradley	14. NAME OF HUSBAND OR WIFE Edward E. Hamontree
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. T. E. Edmonson	ADDRESS Walnut Grove Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		1 hour
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture intertrochanteric		69030
DUE TO (c) left femur		2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular heart disease		several years	

19a. DATE OF OPERATION April 19 1950	19b. MAJOR FINDINGS OF OPERATION Fracture comminuted left femur - 039	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Walnut Grove Greene Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 18 1950 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on rug.
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22. I hereby certify that I attended the deceased from **April 18, 1950**, to **April 19, 1950**, that I last saw the deceased alive on **April 19, 1950**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Daniel L. Yancy M.D. (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED April 20 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-50	24c. NAME OF CEMETERY OR CREMATORY Greenlaw Cemetery	24d. LOCATION (City, town, or county) (State) Walnut Grove Mo.
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DATE REC'D BY LOCAL OFFICE 4-22-50	REGISTRAR'S SIGNATURE W. F. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Prim Funeral Service	ADDRESS Walnut Grove Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1950

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 Clarence D. Roblett

Licensed Embalmer No. 4005

P. O. Address. Ch. Grove 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.