

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14015**

FILED MAY 12 1950

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 172	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1432 S. Sneed				d. STREET ADDRESS (If rural, give location) 1432 S. Sneed			
3. NAME OF DECEASED (Type or Print) ELLIOTT		a. (First) ELDON		c. (Last) HAMMOND		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5, 1894		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. COUNTRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME D. D. Hammond		13b. MOTHER'S MAIDEN NAME Sara Elliott		14. NAME OF HUSBAND OR WIFE Ethel Hammond			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1		17. INFORMANT'S SIGNATURE OR NAME Ethel Hammond ADDRESS 1432 S. Sneed, Sedalia, Mo			
18. CAUSE OF DEATH (State only one cause per line (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> 3-153X		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 months 153X	
19a. DATE OF OPERATION Sept. 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid with metastases to liver				20. AUTOPSY? YES ☐ NO ☐	
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) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July 27, 1949 , to May 3, 1950 , that I last saw the deceased alive on May 3, 1950 , and that death occurred at 1:10 A. M. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Chas. Gordon Kempf, M.D.				23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 5-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri.	
DATE REC'D BY LOCAL REG. 5-6-1950		REGISTRAR'S SIGNATURE W. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE W. Beckert		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 9

District Health Officer No. 8,

District File Number.....

Date Filed 5/9/50

MAY 17 1950

MAY 29 1950

MAY 27 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

W. Keckart

Licensed Embalmer No. 3470

P. O. Address Edalia, Ind.

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 14015-50

County of Pettis

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 8th day of May, 1950, before me appears Ethel Hammond, who, upon her oath, states that the original record of birth death for Elliott Eldon Hammond, died May 3rd, 1950, 19...., in the State of Missouri, and which was filed at Sedalia, Mo, born 6th May, 1950, should be corrected as follows:

Item No. 11 should read Sedalia, Missouri

Instead of Warsaw, Missouri

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Ethel Hammond Wife

Relationship.

1432 S. Sneed, Sedalia, Mo

Present Address.

Subscribed and sworn to before me this 8th day of May, 1950.

My Commission expires July 25, 1952

Stella L. Heckart Notary Public.

MAY 1 2 1955

