

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24143

BIRTH NO. _____		REG. DIST. NO. <u>238</u>	PRIMARY REG. DIST. NO. <u>4355</u>	Registrar's No. <u>43</u>
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>New Madrid</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Near Kewanee</u> <u>1920</u>		
		d. STREET ADDRESS (If rural, give location) <u>no</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>		b. (Middle) <u>Fay</u>		c. (Last) <u>Hammon</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug 27, 1948</u>
9. AGE (In years) <u>19</u> <u>Mon</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward Hammon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tys</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Hammon Father</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Hammon</u> ADDRESS <u>Kewanee, Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Colitis - Infection</u> 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. <u>\$710</u>		
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)		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 <u>July 22, 1950</u> , to <u>July 24, 1950</u> , that I last saw the deceased alive on <u>July 23, 1950</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>O. B. Chandler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>418 Mott New Madrid</u>		23c. DATE SIGNED <u>7/29/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>U</u>		24b. DATE <u>July 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>
				24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-1-50</u>		REGISTRAR'S SIGNATURE <u>Helene Louie Jones</u> <u>2/6</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Funeral Home</u> ADDRESS <u>New Madrid</u>

RECEIVED AUG 6 1950
District Health Office No. 6
District File Number _____
Date Filed _____

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid, 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.