S. No. 300
v. 10.48

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

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26389

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Buren RFD #1
d. STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print): a. (First) Virginia b. (Middle) May c. (Last) Hammock

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3 1906
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Winslow Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jake Sebourn
13b. MOTHER'S MAIDEN NAME: Callie Byrd
14. NAME OF HUSBAND OR WIFE: Robert Hammock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Robert Hammock ADDRESS: VanBuren Arkansas

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Cervix, with Abdominal Carcinomatosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs.

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.* — 171X

19a. DATE OF OPERATION: Approx. 8-48
19b. MAJOR FINDINGS OF OPERATION: As above.
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) m.
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* Aug 28, 1950, *to* Sept 4, 1950, *that I last saw the deceased alive on* Sept 4, 1950, *and that death occurred at* 6:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. M. Wiley (Degree or title) M.D.
23b. ADDRESS: Jefferson City, Mo
23c. DATE SIGNED: 9-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 5 1950
24c. NAME OF CEMETERY OR CREMATORY: Van Buren Cemetery
24d. LOCATION (City, town, or county) (State): Van Buren Arkansas

DATE REC'D BY LOCAL REG.: Sept 5-1950
REGISTRAR'S SIGNATURE: R.P. Harris MD-MRO
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1950

JUL 29 1956

RECEIVED 9/9/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9/9/50

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Victor Beuscher

Signed .....
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.