

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34044

34044

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>ELSBERRY</u>	
		d. STREET ADDRESS (If rural, give location) <u>N. 3RD ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EDMOND</u> c. (Last) <u>HAMMOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 25-1869</u>
9. AGE (in years last birthday) <u>81</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	100. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>81</u> Months <u>2</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (State or foreign country) <u>BERRY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>EDMOND HAMMOND</u>		13b. MOTHER'S MAIDEN NAME <u>PHOEBE BECKER</u>	
14. NAME OF HUSBAND OR WIFE <u>MATILDA HAMMOND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-15-1154</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ivan Hammond Elsberry</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	
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) (Min.)	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>8-10</u> , 19 <u>50</u> , to <u>10-25</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>58</u> , and that death occurred at <u>12:45</u> am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert N. Hull D.D.</u>		23b. ADDRESS <u>Elsberry, Mo</u>	
23c. DATE SIGNED <u>10-27-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-30/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. J.A. Dwyer</u>	164	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u> ADDRESS <u>Elsberry</u>

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DISTRICT HEALTH OFFICE No. 4  
File No. ....

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 Oct 25/51

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifton Miller  
Licensed Embalmer No. 3364  
P. O. Address Elabery, MD

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.