

FILED DEC 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38040

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5969</u>		Registrar's No. <u>151</u>			
1. PLACE OF DEATH a. COUNTY <u>Pack (Campbell Twp)</u>				USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u>				b. COUNTY <u>Pack</u>	
b. CITY OR TOWN <u>Sunnegant</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Sunnegant (Campbell)</u>				0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Sunnegant Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Sunnegant Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>Wesley</u>		c. (Last) <u>Hammons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 22 1867</u>		9. AGE (in years last birthday) <u>83</u> Months <u>0</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Hammons</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Simonson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hammons</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hammons</u>		ADDRESS <u>Sunnegant 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>Chronic myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		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>4 22 2</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>August 19 50</u> , to <u>November 19 50</u> , that I last saw the deceased alive on <u>11/4</u> , 19 <u>50</u> , and that death occurred at <u>1:25 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. G. Robinson</u> (Degree or title) <u>md</u>				23b. ADDRESS <u>Hemansville Mo</u>		23c. DATE SIGNED <u>11/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Stockton Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordenperdell</u>		EMERALD DIRECTOR'S SIGNATURE <u>Paul Blue Bolivar</u>		ADDRESS <u>Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 25 1950

Dist. File 1150-2357

Date Filed 11-30-50

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William B. Emmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.