

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 3-1951

1. PLACE OF DEATH  
a. COUNTY CR AWFORD  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" Liberty  
c. LENGTH OF STAY (In this place) 15 hrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY Crawford  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" Liberty  
d. STREET ADDRESS (If rural, give location) Leasburg, Missouri.

3. NAME OF DECEASED (Type or Print)  
a. (First) Robert b. (Middle) Leigh c. (Last) Hammond  
4. DATE OF DEATH (Month) (Day) (Year) May, 11, 1951

5. SEX Male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 19th, 1864 9. AGE (In years last birthday) 87 10. MONTHS 3 11. DAYS 22 12. HOURS  13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Mfg. Industry 11. BIRTHPLACE (State or foreign country) Troy, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thos. H. Hammond 13b. MOTHER'S MAIDEN NAME Mollie Shelton 14. NAME OF HUSBAND OR WIFE Hattie L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY 492-12-2988 17. INFORMANT'S SIGNATURE OR NAME Hattie L. Hammond, Leasburg, Mo. ADDRESS Hattie L. Hammond, Leasburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b)  DUE TO (b) /  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) /  
II. OTHER SIGNIFICANT CONDITIONS (c)   
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION X 19b. MAJOR FINDINGS OF OPERATION 4222 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Benton Township Crawford Mo. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Benton Township Crawford Mo.

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 April 5, 1951, to May 11, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE W. F. Dravin M.D. (Degree or title) 23b. ADDRESS Bourbon, Mo. 23c. DATE SIGNED 5-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/13/51 24c. NAME OF CEMETERY OR CREMATORY New Picker 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. MAY 12 1951 REGISTRAR'S SIGNATURE W. C. Davis Deputy Registrar 25. FUNERAL DIRECTOR'S SIGNATURE Robert O Long ADDRESS Bourbon Mo

Licensed Embalmer's Statement on Reverse Side)

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

0280

SEP 22 1951

STATE OF MISSOURI  
DEPT. OF HEALTH

File No. \_\_\_\_\_

DISTRICT HEALTH OFFICE No. 4

MAY 14 1951

RECEIVED

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 \_\_\_\_\_

*Harmon C. Haerer*

Signed.....

Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.