

34616

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Paynesville Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Paynesville - Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>Paynesville Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Charley</u>	a. (First)	b. (Middle) <u>A</u>	c. (Last) <u>Hammock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR FACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>March 5 1866</u>	9. AGE (In years) (Month) (Day) (Year) <u>85 6</u>
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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>Pike Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Milton Hammock</u>	13b. MOTHER'S MAIDEN NAME <u>Almedia</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Hammock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Hammock</u>	ADDRESS <u>Paynesville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old generalized arteriosclerosis</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) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c)		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-14, 1950, to Oct. 6, 1951, that I last saw the deceased alive on 10-6, 1951, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hoober, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clarksville, Mo.</u>	23c. DATE SIGNED <u>10-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 20 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ranssey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Country Mo</u>
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DATE REGD BY LOCAL REG. <u>Oct 18 1951</u>	REGISTRAR'S SIGNATURE <u>N.E. Gooch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Plut</u>	ADDRESS <u>Funeral Service Colia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 25 1951
DISTRICT HEALTH OFFICE #
District File Number 10-57-
Date Filed: OCT 25 1951

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 Norman E. Gooch

Licensed Embalmer No. ~~2572~~ 3242

P. O. Address Esolia 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.