

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1280
Registrar's No. 474

FILED FEB 9 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 32 yrs. | | d. STREET ADDRESS (If rural, give location) 3819 Chestnut | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3819 Chestnut | | | |

351080

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|--|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Antoinette c. (Last) Hammond | | | 4. DATE OF DEATH (Month) (Day) (Year) 1 30 52 | | |
| 5. SEX Fe. | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 6-15-1865 | 9. AGE (in years last birthday) 86 | IF UNDER 1 YEAR Months Days 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 Home | 11. BIRTHPLACE (State or foreign country) Independence, Ky. | | 12. CITIZEN OF WHAT COUNTRY? USA. |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Joseph Wilson | | 13b. MOTHER'S MAIDEN NAME Elizabeth Herndon | | 14. NAME OF HUSBAND OR WIFE John B. Hammond | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jay B. Hammond 3819 Chestnut KCMO. | |

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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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arterio-sclerotic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility | | INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs 5 yrs 4200 | |
| 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) | |
| 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 Nov 10 1951 to Jan 30 1952 that I last saw the deceased alive on 1-28 1952 and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE Don Carlos Keete MD | | 23b. ADDRESS 1500 Prof. Bldg | | 23c. DATE SIGNED 1-30-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-31-52 | | 24c. NAME OF CEMETERY OR CREMATORY Lowry City Mo. | |
| DATE REC'D BY LOCAL REG. 1-30-52 | | REGISTRAR'S SIGNATURE Melody McGilley-Eykar | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eykar KCMO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Pecte
Prog BL - 2-5pm

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 *Walter E. Heald*

Signed.....
Student Embalmer

Licensed Embalmer No. 406-3

P. O. Address K C 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.