

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7404
State File No. _____
Registrar's No. 369

FILED APR 15 1952

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 2 mo.		d. STREET ADDRESS (If rural, give location) 218 So. 10 th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Jennie		a. (First)		b. (Middle)		c. (Last) Hammond		4. DATE OF DEATH (Month) (Day) (Year) 4 3 52	
5. SEX F.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 12, 1872		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) Boyd City, Ky.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE none	
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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 Welfare Board.		ADDRESS St. Joseph, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Unknown	
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 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE - HOMICIDE		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 1-17, 1952, to 4-3, 1952, that I last saw the deceased alive on 4-2-52, 1952, and that death occurred at 9:55A m., from the causes and on the date stated above.

23a. SIGNATURE Carl C. Cade		(Degree or title)		23b. ADDRESS Kirkpatrick Building St. Joseph, Missouri		23c. DATE SIGNED 4-2-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/52		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. Apr: 19, 1952		REGISTRAR'S SIGNATURE Carl C. Cade		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry St Jo Mo		ADDRESS	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Victor Barry*

Signed.....
Student Embalmer

Licensed Embalmer No..... *#212*

P. O. Address..... *St Joseph 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.