

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

No. 300

10.48

FILED MAR 22 1952

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	State File No.
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) _____		
c. CITY (If outside corporate limits, write RURAL and give township) Springfield, 0396		d. STREET ADDRESS (If rural, give location) 1347 N. Brown 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cox Hospital 1347 N. Brown		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952		
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Jefferson		c. (Last) Hammons
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1881	9. AGE (In years last birthday) 70 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin Hammons		13b. MOTHER'S MAIDEN NAME Margaret Arnett		14. NAME OF HUSBAND OR WIFE Mrs. Martha Hammons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Hammons Springfield,
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) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy 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 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) 334X
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 Jan , 1952, to March 17 , 1952, that I last saw the deceased alive on 3/15 , 1952, and that death occurred at 5:40 m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Levan D. Brown M.D.		23b. ADDRESS 307 1/2 College Springfield, Mo.		23c. DATE SIGNED 3/18/52
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 20, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenlaw
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		
DATE REC'D BY LOCAL REG. 3-18-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

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

1-2-2014 4:10

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

Lewis G. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.