

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 28 1952

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>	
c. LENGTH OF STAY (If this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (First) (Type or Print) SARAH (Middle) JORDAN (Last) HAMMONS

4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 16, 1876 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

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) Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Woodson Jordan 13b. MOTHER'S MAIDEN NAME Amelia Mills 14. NAME OF HUSBAND OR WIFE Lawrence Hammons

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 Mr. Orville Hammons ADDRESS Glasgow Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left ventricular failure INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart disease unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 NO 443X

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) _____ 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 Jan 1, 1951, to March 3, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 3:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Orville Hammons (M.D.) 23b. ADDRESS Glasgow, Missouri 23c. DATE SIGNED March 9 1952

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24a. DATE Feb. 6, 1952 24b. NAME OF CEMETERY OR CREMATORY Walnut Ridge 24c. LOCATION (City, town, or county) (State) Armstrong Mo.

DATE REC'D BY LOCAL REG. Mar. 9, 1952 REGISTRAR'S SIGNATURE Walker Audley 410 S. FUNERAL DIRECTOR'S SIGNATURE Cludley Freeman ADDRESS Glasgow Mo.

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

450 / 1

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.