

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8808

3541 State File No.
REGISTRAR'S No. 133

0494

FILED MAR 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. _____		REGISTRAR'S No. <u>133</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin - Rural</u>		c. LENGTH OF STAY (In this place) <u>7 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		<u>8490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 -</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Dolison</u> c. (Last) <u>Hammons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3, 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF OVER 1 YEAR Hours <u></u> Mins. <u></u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William T. Hammons</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Cummings</u>		14. NAME OF HUSBAND OR WIFE <u>Delia Hammons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delia Hammons</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus infection (Intestinal)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 <u>3-13-52</u> , 19 <u>52</u> , to <u>3-17-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-17-52</u> , 19 <u>52</u> , and that death occurred at <u>10:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Howard</u>				23b. ADDRESS <u>M.D. Trisco Bldg - Joplin Mo</u>		23c. DATE SIGNED <u>3/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>		
DATE REC'D BY LOCAL REG <u>3-20-52</u>		REGISTRAR'S SIGNATURE <u>Ed S. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson, Webb City, Mo</u>			

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

RECEIVED 3-24-52
Jasper County Health Office

County File Number 52/3/238

Date Filed 3-24-52

APR 1 1952

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.