

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13650

State File No.

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u> <u>0710</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ALBERT</u>	b. (Middle) <u>M.</u>	c. (Last) <u>HAMMACK</u>	(Month) <u>Apr</u>	(Day) <u>11</u>	(Year) <u>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>SEPT 7-1877</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
14. NAME OF HUSBAND OR WIFE <u>ROSA ANDERSON HAMMACK</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rosa Hammack - Versa. Miss, Mo</u> ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's disease</u>		ANTECEDENT CAUSES			<u>10 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		<u>arterial sclerosis</u>			<u>10 yrs</u>
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>			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)		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 about Jan 1, 1942, to Apr 11, 1952, that I last saw the deceased alive on Apr 10, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A J Swan M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo</u>		23c. DATE SIGNED <u>4-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bulah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kowal</u>		ADDRESS <u>Versailles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 17-1952</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kowal</u>	

Per W. F. Kowal, Registrar's Statement on Reverse Side

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

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

Gene R. Dartman

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.