

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015

1. PLACE OF DEATH  
a. COUNTY **Randolph**  
b. CITY (If outside corporate limits, write RURAL and give town or township) **Huntsville Mo.**  
c. LENGTH OF STAY (in this place) **4 yrs**  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Pleasant View Conv. Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Howard**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fayette**  
d. STREET ADDRESS (If rural, give location) **Richmond Twp.**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Mary** b. (Middle) **Katherine** c. (Last) **Hammond**  
4. DATE OF DEATH (Month) (Day) (Year) **Nov. 19, 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **11/9/1871** 9. AGE (In years, last birthday) **81** IF UNDER 1 YEAR Months **0** Days **10** IF UNDER 24 HRS. Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **School Teacher** 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (State or foreign country) **Howard County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Hammond** 13b. MOTHER'S MAIDEN NAME **Letitia Gray** 14. NAME OF HUSBAND OR WIFE -----

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 **John Hammond** ADDRESS **Fayette, Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I: DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypostatic Pneumonia**  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Chronic Myocarditis**  
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  
**2 days**  
**Years**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **4222** 20. AUTOPSY? YES  NO

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 **June 1, 1952**, to **Nov. 19, 1952**, that I last saw the deceased alive on **Nov. 18, 1952**, and that death occurred at **2:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Morris C. Epley, D.O.** (Degree or title) 23b. ADDRESS **Huntsville, Mo** 23c. DATE SIGNED **Nov 22, 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11/19/1952** 24c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 24d. LOCATION (City, town, or county) (State) **Fayette, Missouri**

DATE REC'D BY LOCAL REG. **11-24-52** REGISTRAR'S SIGNATURE **Mrs. D. Barnhart** 25. FUNERAL DIRECTOR'S SIGNATURE **F. Carl** ADDRESS **Fayette, Mo.**

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

880  
4

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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~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.