

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1050**
REGISTRAR'S NO. **134**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** REGISTRAR'S NO. **134**

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

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 town) SPRINGFIELD		c. LENGTH OF STAY (In this place) 1 WEEK	c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		0396
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSP.			d. STREET ADDRESS (If rural, give location) 719 EAST WALNUT ST.		
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) HAMMONTREE c. (Last) HAMMONTREE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 3, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH, 5, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOBACCO STORE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ROBERT P. HAMMONTREE		13b. MOTHER'S MAIDEN NAME NETTIE BLACKBURN		14. NAME OF HUSBAND OR WIFE JACKIE HAMMONTREE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR # 1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JACKIE HAMMONTREE SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis due to ANTECEDENT CAUSES DUE TO (b) Perforation of Bowel DUE TO (c) (site & cause undetermined) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		578
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 28 June, 1947 , to 3 Feb , 1953, that I last saw the deceased alive on 3 Feb , 1953, and that death occurred at 9:40A m., from the causes and on the date stated above.					
23a. SIGNATURE (Doctor or title) Stanley S. Peterson MD			23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 4 Feb 53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/5/53	24c. NAME OF CEMETERY OR CREMATORY NATIONAL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		
DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Erith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO		

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1 1954

NOV 8 1954

NOV 15 1954

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

Paul L. Loney

Licensed Embalmer No.

4754

P. O. Address

Spfld, 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.