

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5124

FILED NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 1838 1/2 Washington 3298 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Baldwin c. (Last) Hammond		4. DATE OF DEATH (Month) (Day) (Year) October 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 28, 1899
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard	11. BIRTHPLACE (City and State or Foreign Country) KAN. CITY Kansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Machine Products Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RICHARD HUGH HAMMOND	13b. MOTHER'S MAIDEN NAME DORIS BUCKNER	14. NAME OF HUSBAND OR WIFE Mildred Hammond
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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. 487-09-5890	17. INFORMANT'S SIGNATURE OR NAME MILDRED M. HAMMOND	ADDRESS 1838 1/2 WASHINGTON ST. MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION Massive Carcinomatosis of the Liver and Lungs (Cardiac dilatation) Carcinoma of the Colon, recurrent.		INTERVAL BETWEEN ONSET AND DEATH 153X
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
ANTECEDENT CAUSES Morbid 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 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Pathologist, 1953, that I last saw the deceased alive on 9-28-53, and that death occurred on 10-28-53, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill (Degree or title) M.D.	23b. ADDRESS 2001 Wyandotte St. KC Mo	23c. DATE SIGNED 25 Oct 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-28-1953	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo
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DATE REC'D BY LOCAL REG. 10-28-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer	ADDRESS 1501 S. W. 1st St. Kansas City, Mo
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(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed *Follie Kessel*.....

Licensed Embalmer No. *4690*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.