FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39890

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909 S. Vermont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 909 S. Vermont 804

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): R.
c. (Last): HAMMACK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1864
9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Winston Salem, North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Hammack
13b. MOTHER'S MAIDEN NAME: Anna Crews
14. NAME OF HUSBAND OR WIFE: Eliza Hammack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Eliza Hammack — **ADDRESS**: Sedalia 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage L. Side — 5 days
Arterio-sclerosis — 10 yrs.
~~DUE TO (c)~~ Thrombosis, R. popliteal artery — 7 da.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*
Cerebral Hemorrhage — 1939
Cerebral Hemorrhage — 1951

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Cerebral Hemorrhage Nov. 16, 1953 33/X
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) m.:
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* _____, *1938*, *to* 11-21-, *1953*, *that I last saw the deceased alive on* 11-21, *1953*, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M. D.
23b. ADDRESS: 219½ S. Ohio Sedalia, Mo.
23c. DATE SIGNED: 11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/24/1953
24c. NAME OF CEMETERY OR CREMATORY: Sweet Springs Cem.
24d. LOCATION (City, town, or county) (State): Sweet Springs, Mo.

DATE REC'D BY LOCAL REG.: 11-24-1953
REGISTRAR'S SIGNATURE: W. Campbell M.D. 251-C
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Heckart — **ADDRESS**: Sedalia Mo.

(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 _____
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.