FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14670

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3208

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty Twp.
d. STREET ADDRESS (If rural, give location): Near Old Mines 1100

3. NAME OF DECEASED (Type or Print)
a. (First): Ina
b. (Middle): Laverne
c. (Last): Hammond

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 29 1949
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): Shirley Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Harold Hammond
13b. MOTHER'S MAIDEN NAME: Gladys Hafer
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Harold Hammond — **ADDRESS**: Old Mines 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) 2° and 3° Burns of Body, 60% — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Esophageal and gastric hemorrhage — 30 days
DUE TO (c) Multiple pyogenic abscess of lungs — 20 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9165 40

19a. DATE OF OPERATION: 12-(20-53)
19b. MAJOR FINDINGS OF OPERATION: 2° and 3° burns of neck, chest, abdomen, arms, thighs
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Liberty Washington Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 16 1953 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Burned while children were in the street playing with matches

22. *I hereby certify that I attended the deceased from* 12-5-, 1953, *to* 12-15-, 1953, *that I last saw the deceased alive on* 12-15, 1953, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Salvatore N. Biggio (Degree or title) M.D.
23b. ADDRESS: St Marys Hosp. Clayton Mo.
23c. DATE SIGNED: 12-16-53

24a. [redacted] (Specify): Removal
24b. DATE: 12-18-53
24c. NAME OF CEMETERY OR CREMATORY: Berryman Cem
24d. LOCATION (City, town, or county) (State): Crawford Co. Mo.

DATE REC'D BY LOCAL REG.: 12/16/53
REGISTRAR'S SIGNATURE: Herbert R. Sonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mr. Luther Spark
ADDRESS: Potosi 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 Murphy L. Spark

Licensed Embalmer No. 4236

P. O. Address 11 Pat River M

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.