

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4255

State File No. ....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (in the place) <u>17 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>East Lyns</u>		d. STREET ADDRESS (If rural, give location) <u>0140</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>Hammontree</u> c. (Last) <u>Hammontree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 28-1873</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State of Foreign Country) <u>Cass Co Missouri U. S. A.</u>			12. CITIZEN OF WHAT COUNTRY		
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13a. FATHER'S NAME <u>Daniel Tway</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Griffith</u>			14. NAME OF HUSBAND OR WIFE <u>Albert S. Hammontree</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maud Lathrop</u>				ADDRESS <u>Harrisonville Mo</u>	
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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) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  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 <u>4 weeks</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 March, 1952, to 2-17-, 1954, that I last saw the deceased alive on 2-17-, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

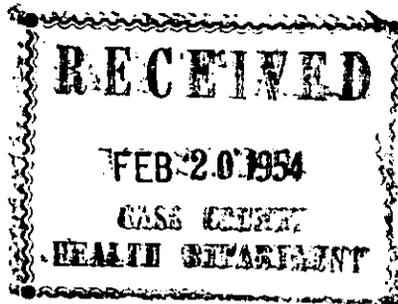
23a. SIGNATURE (Degree or title) <u>Squads Jones, MD</u>		23b. ADDRESS <u>Harrisonville MO</u>		23c. DATE SIGNED <u>2-19-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 19 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennettburgis</u>		ADDRESS <u>Harrisonville Mo</u>	
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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 .....  
Student Embalmer

Signed James P. Phyllis  
Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.