

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28662

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6115</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Richland</u>		c. LENGTH OF STAY (in this place) <u>4 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, R, 4</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rout 4,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R.4</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>		b. (Middle) <u>XXXXXXXXXX</u>		c. (Last) <u>Hammond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8, 28, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan, 20, 1875</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>1</u> Mins. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Harrett Hammond</u>		14. NAME OF HUSBAND OR WIFE <u>L.V. Hammond</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.V. Hammond Sikeston, Rout 4</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Corary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>4201</u>  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>20 Minutes</u>  <u>not known</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>Aug 28, 1955</u> to <u>Aug 28, 1955</u> , that I last saw the deceased alive on <u>Aug 28, 1955</u> , and that death occurred at <u>2:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John L. Sample M.D.</u>				23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>30 Aug 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u>		24d. LOCATION (City, town, or county) (State) <u>N.W. Sikeston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>Martha L. Luster 429-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Fred J. Smith 1212 Mand St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED SEP 6 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 855-190

**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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.