

FILED OCT 5 - 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28916

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>10 Da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u>		d. STREET ADDRESS (If rural, give location) <u>00 70 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>I</u> c. (Last) <u>Hammontree</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1, 1877</u>	
9. AGE (In years less birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Years _____ Months _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cass County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Allen Hammontree</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Amelia Knox</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Rebecca Becker</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>509-01-5965</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katherine Rebecca Hammontree</u> <u>Adrian Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Essential hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Imperfect Denture work</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>5323</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9-19-1955</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>9</u> , 19 <u>55</u> , to <u>19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-7-55</u> , 19 <u>55</u> , and that death occurred at <u>3:15</u> <u>h.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u>				23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>9-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 21-55</u>		REGISTRAR'S SIGNATURE <u>Rendell Korum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Life Funeral Service</u>		ADDRESS <u>Adrian Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Adrian M. O.*

Signed.....
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.