

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41494

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give town) LINN MO	c. LENGTH OF STAY (in this place) 5da	c. CITY OR TOWN Linn	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LINN MANOR REST HOME		e. STREET ADDRESS (If rural, give location) 0700	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) *****	c. (Last) HAMMOND	4. DATE OF DEATH (Month) (Day) (Year) DEC. 22 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	8. DATE OF BIRTH Jan. 2-1888	9. AGE (In years) (Month) (Day) 67	IF UNDER 1 YEAR 11 Months 20 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (City and State or Foreign Country) CHAMOIS MO.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME FRANK HAMMOND	13b. MOTHER'S MAIDEN NAME HANNAH STAHL	14. NAME OF HUSBAND OR WIFE (If deceased, name and date of death) HARRY HAMMOND NEVER MARRIED ST. JAMES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) NO	16. SOCIAL SECURITY NO. 486-18-8818	17. INFORMANT'S SIGNATURE OR NAME HARRY HAMMOND	ADDRESS ST JAMES MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Smoking</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 12-18, 1955, to 12-21, 1955, that I last saw the deceased alive on 12-21, 1955, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. McFally M.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>12/24/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osage County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27-1955</u>	REGISTRAR'S SIGNATURE <u>TA Owen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Marton</u>	ADDRESS <u>Linn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0760

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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.....  
Signature of Student Embalmer

Signed *Vernon M. Mote*

Licensed Embalmer No. *41*

P. O. Address *Linn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.