

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5366**
 BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Carthage		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 816 E. 3rd. St.			e. STREET ADDRESS (If rural, give location) 816 E. 3rd. St.		
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Jane c. (Last) Hammonds		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-20-1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Brooks		13b. MOTHER'S MAIDEN NAME Amanda Breeden		14. NAME OF HUSBAND OR WIFE Andrew Jackson Hammonds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 497-22-1982	17. INFORMANT'S SIGNATURE OR NAME Donald Crayne, Carthage, Mo. ADDRESS _____		
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) Gunshot wound face and skull with severe damage, self inflicted with 410 gauge shotgun.	DUE TO (b) _____				brain & instantaneous
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Allegedly shot husband before putting shotgun to face and firing same.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 976X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-23-56 9:05	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Put shot gun to face and fired after shooting husband.			
22. I hereby certify that I attended the deceased from (Did not attend) , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:05P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Hammonds Coroner Jasper County			23b. ADDRESS First National Building Joplin Mo. 2-25-56		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-56	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.		
DATE REC'D BY LOCAL REG. 2-27-56	REGISTRAR'S SIGNATURE Em Clinton 139		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1956

MAY 1 1956
MAY 8 1956

RECEIVED MAR 8 1956
Jasper County Health Office
County File Number 50-3-219
Date Paid MAR 8 1956

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 *William A. Fulkes*

Licensed Embalmer No. 465

P. O. Address *Carters*

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.