

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9996**
Registrar's No. **8**

BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5891		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) Gainesville		c. LENGTH OF STAY (In this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Gainesville		d. STREET ADDRESS (If rural, give location) 0970 Locust R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home							
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle)		c. (Last) Deatherage		4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 30, 1872	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Days 9		IF UNDER 24 HRS. Hours 0 Min.		11. BIRTHPLACE (State or foreign country) Arkansas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Hammock		13b. MOTHER'S MAIDEN NAME Mandy Cooper		14. NAME OF HUSBAND OR WIFE Jerome Deatherage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jerome Deatherage Gainesville, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) glomerular nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Influenza 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 10 days 2 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 48ix				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) (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 Feb 25, 1956 , to Mar 6, 1956 , that I last saw the deceased alive on Mar 5, 1956 , and that death occurred at 10:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. J. Hoerman M.D.				23b. ADDRESS Gainesville		23c. DATE SIGNED 3/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-1956		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Baxter County, Ark.	
DATE REC'D BY LOCAL REG. 3/16/56		REGISTRAR'S SIGNATURE Thana Graham		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bob Young, mtn Home, Ark.			

(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 _____

Bob Young

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Bob Young* _____

Licensed Embalmer No. *1077* _____

P. O. Address *Wtn Home, Ark* _____

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.