

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**13605**

State File No. ....

**FILED APR 18 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 158

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY OR TOWN <b>Independence</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Independence</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Indep. San &amp; Hosp.</b>		f. STREET ADDRESS (If rural, give location) <b>1707 S. Pearl</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>MRS. NELLIE</b>	b. (Middle) <b>FRANCES</b>	c. (Last) <b>HAMMONTREE</b>	(Month) <b>April</b>	(Day) <b>8,</b>	(Year) <b>1956</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 3, 1880</b>		<b>9. AGE</b> (In years last birthday) <b>76</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Independence, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Martin Casper</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary E. Hall</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Arch Hammontree dec.</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Fred Schulenberg</b>
		<b>ADDRESS</b> <b>Indep, Mo.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Unknown Pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Unknown enteritis &amp; diarrhoea</b>		<b>3 days</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>No operation</b>	<b>20. AUTOPSY</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>492x</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4 3, 1956, to April 8, 1956, that I last saw the deceased alive on 4 18, 1956, and that death occurred at 2:10 PM from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) _____	<b>23b. ADDRESS</b> <b>Independence Mo</b>	<b>23c. DATE SIGNED</b> <b>4/9/56</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>April 10, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Woodlawn</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Indep, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>4-10-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Att. Mitchell</b>	
		<b>ADDRESS</b> <b>Indep, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

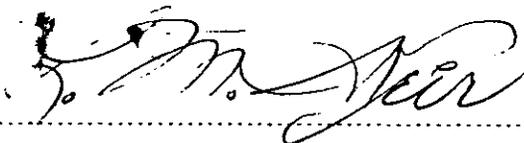
300  
48

4-D

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.....  


Licensed Embalmer No. 315  
P. O. Address Indio, Ca

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.