

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15945

State File No.

FILED JUN 4 1956

BIRTH NO. _____ REG. DIST. NO. 161 PRIMARY REG. DIST. NO. 5412 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give town) Ava, Springcreek	c. LENGTH OF STAY (in this place) to wife	c. CITY OR TOWN Ava	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0348	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Hammans			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Hammans		13b. MOTHER'S MAIDEN NAME Margaret Lambirth		14. NAME OF HUSBAND OR WIFE Suffronia Hammans	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Hammans, Ava, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Infarct			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Chronic Coronary Sclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Chronic Myocarditis		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) 4201	
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 5-18, 1956 to 5-18, 1956 that I last saw the deceased alive on 5-14, 1956 and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. C. Genberg M.D.		23b. ADDRESS Ava Mo		23c. DATE SIGNED 5-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Fannan	
24d. LOCATION (City, town, or county) (State) Ava, Missouri					

DATE REC'D BY LOCAL REG. 5-31-56		REGISTRAR'S SIGNATURE Walter Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lyle S. Shinkins*

Licensed Embalmer No...4823

P. O. Address *Waco, Tex.*

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.