

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24694**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **207**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly	c. LENGTH OF STAY (If this place) 1 day	c. CITY OR TOWN Moberly	d. Is 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 Woodland Hospital		e. STREET ADDRESS (If rural, give location) 808 Myra Street	

3. NAME OF DECEASED (Type or Print)	a. (First) HATTIE	b. (Middle) E.	c. (Last) HAMMONS	d. DATE OF DEATH (Month) (Day) (Year) July 22 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 28, 1874	9. AGE (In years) (Month) (Day) (Hours) (Min.) 81
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10a. USUAL OCCUPATION (Give kind of work and longest most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Randolph County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William McCort	13b. MOTHER'S MAIDEN NAME Nancy Johnson	14. NAME OF HUSBAND OR WIFE Jeff Hammons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sd. Hammons	ADDRESS Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, cause		INTERVAL BETWEEN ONSET AND DEATH July 20/56
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) undetermined probably ruptured diverticulum		
	DUE TO (c) Rheumatoid arthritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 yrs.	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 576x
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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?
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22. I hereby certify that I attended the deceased from **July 20/56**, to **July 23/56**, that I last saw the deceased alive on **July 20/56**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. R. E. Duke, M.D.	23b. ADDRESS 400 1/2 W. Reed Moberly, Mo	23c. DATE SIGNED July 23/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Gardens	24d. LOCATION (City, town, or county) (State) Moberly Missouri
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DATE REC'D BY LOCAL REG. 7-24-56	REGISTRAR'S SIGNATURE Coakley	25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home	ADDRESS Moberly, Mo.
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jerry R. Carter*.....
Licensed Embalmer No. *4906*.....

P. O. Address *Merley, Mo.*.....

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.