

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

28480 STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar 7665

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Hodge</b> <b>0540</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Pac. Hosp. Ass.</b>		d. STREET ADDRESS <b>1 mi. north</b>	
3. NAME OF DECEASED (Type or print) <b>Edith Kathryn Diets Hammond</b>		4. DATE OF DEATH <b>Aug. 17 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 6 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Hickory County, Missouri</b>
13. FATHER'S NAME <b>Estman Diets</b>		14. MOTHER'S MAIDEN NAME <b>Ida Ellen Sanders</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT (Husband) <b>Louis Hammond</b> Address <b>Hodge, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Ventricular fibrillation</b> DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>Chronic glomerulonephritis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes mellitus with gangrene of left foot</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>4 years</b> <b>years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>592x</b> COUNTY STATE	
21. I attended the deceased from <b>July 23, 1956</b> to <b>August 15, 1956</b> when I saw her <b>him</b> alive on <b>Aug 15, 1956</b> . Death occurred at <b>3:10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Keppeler, M.D.</b> (Degree or title)		22b. ADDRESS <b>Highway 11, Mo</b>	
22c. DATE SIGNED <b>Aug 17-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>Aug. 17/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Waverly, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Waverly Missouri</b>
24. FUNERAL DIRECTOR <b>Alexander Sons</b> ADDRESS <b>6175 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 18 1956</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>

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 *Jose E. McCallister*.....

Licensed Embalmer No. 244

P. O. Address 6178

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.