

FILED FEB 15 1957

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

State File No. **574**

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville	c. LENGTH OF STAY (If this place) 3 days	c. CITY OR TOWN Harrisonville	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If rural, give location) 800 East Mechanic	

3. NAME OF DECEASED
a. (First) **LORA** b. (Middle) **MAY** c. (Last) **HAMMONDS**

4. DATE OF DEATH (Month) (Day) (Year) **Feb 1 1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept 1 - 1887** 9. AGE (In years last birthday) **69** 10. IF UNDER 1 YEAR Months **0** 11. IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Province and Country) **Cass Co Mo.** 12. CITIZENSHIP OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Hillard Thomas Holloway** 13b. MOTHER'S MAIDEN NAME **Carrie Jane Jones** 14. NAME OF HUSBAND OR WIFE **C. A. Hammonds**

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 **Mabel M. Scholl** ADDRESS **Harrisonville**

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **331x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March 1954**, to **Feb 1**, 1957, that I last saw the deceased alive on **Feb 1**, 1957, and that death occurred at **12:57 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward S. James M.D.** 23b. ADDRESS **Harrisonville Mo** 23c. DATE SIGNED **2-2-57**

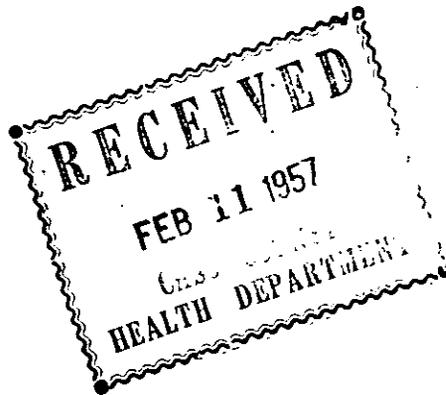
24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb 3 - 1957** 24c. NAME OF CEMETERY OR CREMATORY **Pleasant Ridge Center** 24d. LOCATION (City, town, or county) (State) **Harrisonville Mo.**

DATE REC'D BY LOCAL REG. **2-2-57** REGISTRAR'S SIGNATURE **Franklin Anderson** GENERAL DIRECTOR'S SIGNATURE **Benjamin Burger** ADDRESS **Harrisonville Mo.**

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 James R. Phillips

Licensed Embalmer No. 464

P. O. Address Harrisonville

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.