

No. 300  
10.48

FILED FEB 11 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2448

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. CHARLES</b>		c. CITY OR TOWN <b>Elsberry,</b>	
c. LENGTH OF STAY (in this place) <b>05 10</b>		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 <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b>		b. (Middle) <b>James</b>	
c. (Last) <b>Hammack</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 / 1 / 57</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, <del>MARRIED</del> DIVORCED (Specify)		8. DATE OF BIRTH <b>2/3/1878</b>	
9. AGE (In years) (Month) (Day) <b>78 11 28</b>		10. IF UNDER 1 YEAR (Month) (Day) (Year) Hours (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer&amp;barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln, County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William W. Hammack</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Elsberry</b>	
14. NAME OF HUSBAND OR WIFE <b>Lois Singleton Hammack</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lois Hammack Elsberry, Mo.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Carcinoma of Prostate 6 yrs</b>			
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 <b>1/28/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Prostate 177X</b>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>1/20 1957</b> , to <b>2/1 1957</b> , that I last saw the deceased alive on <b>2/1 1957</b> and that death occurred at <b>2:35 PM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. Heubener M.D.</b>		(Degree of title) 23b. ADDRESS <b>St. Charles, Mo</b>		23c. DATE SIGNED <b>2/2/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/3/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Elsberry Lincoln, Missouri</b>		DATE REC'D BY LOCAL REG. <b>Feb 3 1957</b>		REGISTRAR'S SIGNATURE <b>Hannie Heineta</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifton Mills - Elsberry, Mo</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

284

MAY 16 1958

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 Feb 1 - 1957 Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clifton Mills.....  
Licensed Embalmer No. 336

P. O. Address Elsherry.....

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.