

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13571

FILED MAY 2 1957

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5373 Registrar's No. 77

Health & Welfare Public Service

S. 300
1-56

securing the medical certification in the specific manner required by 193.140-140.010-140.140. 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 Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni-A-Bar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Grain Valley		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. S.E. Tarsney		Length of stay in 1b 68 yrs.	d. STREET ADDRESS 2 Mi. S.E. Tarsney		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hugh Middle Hammond Last Hammond			4. DATE OF DEATH Month April Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1886	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Jackson Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hammond			14. MOTHER'S MAIDEN NAME Ina Pancake		
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. 499-07-4855	17. INFORMANT Address Evelyn Hammond, Grain Valley, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis.					INTERVAL BETWEEN ONSET AND DEATH 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 9-6-56 to 2-10-57 and last saw xx him alive on 2-10-57 Death occurred at 9:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ralph A. Powell, D.C.			22b. ADDRESS 108 E. 6th Lees Summit, Mo		22c. DATE SIGNED 4-20-57
23a. BURIAL OR CREMATION, REMOVED (Specify) Burial		23b. DATE Apr. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Lone Jack Cemetery		23d. LOCATION (City, town, or county) (State) Lone Jack, Missouri
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit		25. DATE RECD. BY LOCAL REG. 4-20-1957	26. REGISTRAR'S SIGNATURE N. B. Langsford		

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RECEIVED

APR 30 1957

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 *N. B. Langford Jr.* Licensed Embalmer No. *496* P. O. Address *...*

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.