

Health, Welfare, Public Service

FILED JUL 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20425

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 78

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LOOF Hospital</u>		Length of stay (in 1b) <u>months</u>	d. STREET ADDRESS (If outside, give location) <u>700</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>D.</u> Last <u>Hammoxtree</u>			4. DATE OF DEATH Month <u>June</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 26, 1877</u>		9. AGE (In years (by birthday) <u>80</u> ) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and state or country) <u>Indep. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Matthew Hammoxtree</u>	13b. MOTHER'S MAIDEN NAME <u>Vivie J. Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Kathryn Hammoxtree</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>No</u> or unknown)	16. SOCIAL SECURITY NO. <u>499-14-4378</u>	17. INFORMANT <u>J. D. Hammoxtree Jr</u> Address <u>Indep Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
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"/>
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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 <u>8:00</u> Month <u>May</u> Day <u>16</u> Year <u>1956</u> 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 <u>Indep. Mo</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from May 16, 1956 to June 18, 57 and last saw her June 18, 57  
Death occurred at 8:00 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm. H. Graham</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Liberty Mo</u>	22c. DATE SIGNED <u>6/20/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>
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24. FUNERAL DIRECTOR <u>Clifton H. Tappley</u> ADDRESS <u>Indep. Mo</u>	25. DATE RECD. BY LOCAL DES. <u>6-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Navel Graham</u>
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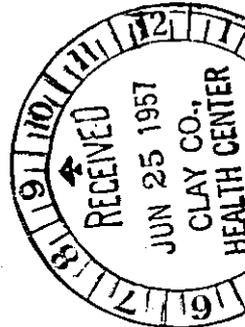
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Walter L. Kealey* .....

Licensed Embalmer No. *4225* .....

P. O. Address *Indep. 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.