

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31189**

FILED SEP 30 1957

BIRTH NO. _____		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 5291		Registrar's No. 115		
1. PLACE OF DEATH a. COUNTY Clay 5				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Libertys Rural)		c. LENGTH OF STAY (in this place) 6 months		c. CITY OR TOWN Moberly 0880		d. 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 IOOF Hospital				e. STREET ADDRESS (If rural, give location) Rural 0				
3. NAME OF DECEASED (Type or Print) a. (First) Abrum			b. (Middle) M.			c. (Last) Hammon		
4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1957								
5. SEX male		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 26, 1869		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Oreington Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mat Hammon			13b. MOTHER'S MAIDEN NAME Mary Ann Alexander			14. NAME OF HUSBAND OR WIFE Hattie Hammon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IOOF Home Records Liberty, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 <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) 33/K				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 _____, 19 57 , to _____, 19____, that I last saw the deceased alive on Sept 13, 1957 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. G. Anderson M.D.				23b. ADDRESS Liberty		23c. DATE SIGNED 9/13/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-15-57		24c. NAME OF CEMETERY OR CREMATORY Moberly Cemetery		24d. LOCATION (City, town, or county) (State) Moberly, Mo.		
DATE REC'D BY LOCAL REG. 9-18-57		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fowler-Pasley Funeral Home Liberty, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

4910

OCT 14 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 *John Parley*

Licensed Embalmer No. 4308

P. O. Address Liberty

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.