Health, & Welfare Public Service

. 300
. 1-56

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35153
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXCELSIOR SPRINGS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 515 ISLEY — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN EXCELSIOR SPRINGS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 ISLEY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle FRANCES Last HAMMOND
4. DATE OF DEATH Month OCT. Day 23 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH FEB 19, 1881
9. AGE (In years last birthday) 76 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) HAMPTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W. W. RIXEY
14. MOTHER'S MAIDEN NAME MARY JANE SEZZLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address MRS MARGARET SHEPARD, NORTH K.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH 5-10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-23-57, to 10-23-57 and last saw her/him alive on 10/23/57
Death occurred at 11:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Excelsior Springs Mo
22c. DATE SIGNED 10-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-26-57
23c. NAME OF CEMETERY OR CREMATORY PLAZZE CITY
23d. LOCATION (City, town, or county) (State) PLAZZE CITY, MO

24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 10-26-57
26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

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RECEIVED
OCT 23 1957
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingha

Licensed Embalmer No. 40

Excelsior Springs, Mo

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.