

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012928  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 24

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Taney</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b> <u>1860</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Forsyth</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Forsyth</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>		Length of stay in lb <b>years</b>	d. STREET ADDRESS (If outside, give location) <b>Forsyth</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LEONA</b> Middle <b>CORNELIA</b> Last <b>HAMMIL</b>			4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 30, 1876</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR: Months <b>6</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Harry Hammil</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. J. J. Holland</b>		Address <b>2524 Bales</b>		<b>Kansas City, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Or tertiary bacteremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>					19. INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>4 yrs</b>
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.) <b>2</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>April 1st 1958</b> to <b>April 1st 1958</b> and last saw her alive on <b>April 5th 1958</b> Death occurred at <b>3:45 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>0</b>	22b. ADDRESS <b>Forsyth, Mo</b>		22c. DATE SIGNED <b>4/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-5-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Branson, MO</b>
24. FUNERAL DIRECTOR <b>W. L. Frazier</b>		ADDRESS <b>Mo</b>	25. DATE RECD. BY LOCAL REG. <b>4-10-58</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 1958

MAY 2 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 ....., Student Embalmer No. 4731 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Walter S. Cab

Licensed Embalmer No. 4731

P. O. Address Forsyth N.C.

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.