

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017141
State File No.

FILED APR 16 1958

BIRTH NO. _____		REG. DIST. NO. <u>370</u>	PRIMARY REG. DIST. NO. <u>6256</u>	Registrar's No. <u>90</u>
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Jefferson T.S.) <u>Jefferson T.S.</u>		c. LENGTH OF STAY (in this place) <u>40 yr</u>	c. CITY OR TOWN <u>Zalma</u>	d. Is 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 <u>Home, Zalma, Route</u>		e. STREET ADDRESS (If rural, give location) <u>Zalma, Route</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Thomas</u>	c. (Last) <u>Hammon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 21, 1881</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bardwell, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Hammon.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Roborn</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Hammon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-18-7933</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Hammon, Zalma, Missouri</u>	
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			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of large Bowel</u>			<u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No</u> DUE TO (c) <u>No</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma in abdominal cavity.</u>			20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>No</u>		
22. I hereby certify that I attended the deceased from <u>Dec 15, 1957</u> to <u>Feb 25, 1958</u> , that I last saw the deceased alive on <u>Feb 25, 1958</u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Frank B. Warner, M.D.</u>		23b. ADDRESS <u>Mt. Olive, Illinois</u>		23c. DATE SIGNED <u>April 9, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/30/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McGee, Mo Route</u>	
DATE REC'D BY LOCAL REG. <u>4-11-58</u>	REGISTRAR'S SIGNATURE <u>Hetta M. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins & Sons Puxico, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1958
WAYNE CO. HEALTH CENTER
FILE No. _____

APR 18 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. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Carl W. Walker*

Licensed Embalmer No. 4964

P. O. Address..... *Opiter 1*

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.