

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037825
STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		Length of stay in 1b	d. STREET ADDRESS 3008 Calvert. St.
3. NAME OF DECEASED (Type or print) George Herbert Hammock.		First Middle Last	4. DATE OF DEATH Month Day Year Oct. 4, 1958
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 45
13a. FATHER'S NAME Dave Hammock.		13b. MOTHER'S MAIDEN NAME Rose. Unknown.	14. NAME OF HUSBAND OR WIFE Altha Fern Hammock.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Mrs. Altha F. Hammock. Address 3008 Calvert St Overland, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atelectasis of Lungs</i> DUE TO (b) <i>Cirrhosis of Liver</i> DUE TO (c) <i>581.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly, Deputy Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE October 4/58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville, Mo. Rural Rt.
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. OCT 7 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence Gross*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, NC*

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.