

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039411
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ferritt</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hammersville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Length of stay in lb <u>3 1/2 hours</u>		d. STREET (If outside, give location) ADDRESS <u>Ben Lee</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last
CHARLIE A. M. S. HAMMETT

4. DATE OF DEATH Month Day Year
11-10-1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2. DIVORCED 8. DATE OF BIRTH 8/7/1884 9. AGE (In years last birthday) 74 10. F UNDER 1 YEAR Months 3 Day 3 11. IF UNDER 24 HRS. Hours 3 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during some of working life, even if retired) Farming Day Labor 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William Hammett 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Abgel 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Jesse Caldwell Address Style, 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) Ruptured aortic aneurysm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic atherosclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
15 years

19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 3/10/55 to 11/10/58 and last saw him alive on 11/10/58
Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. J. Polenski M.D. (Degree or title) 22b. ADDRESS Hammersville, Mo 22c. DATE SIGNED 11/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) 11/13/1958 23b. DATE 11/13/1958 23c. NAME OF CEMETERY OR CREMATORY Hammersville 23d. LOCATION (City, town, or county) (State) Hammersville Mo

24. FUNERAL DIRECTOR Emerson & Sons, Jamesboro, Ark. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 11-13-1958 26. REGISTRAR'S SIGNATURE Paul Thurman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

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 .. *M. T. Lamm*

Licensed Embalmer No. *952*

P. O. Address *of ...*

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.