

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044536

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 327

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</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>Indep. San. &amp; Hosp.</b>		Length of stay in lb <b>12 years</b>	d. STREET ADDRESS (If outside, give location) <b>2741 Glendale</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DARVEL</b> Middle <b>Tibbitts</b> Last <b>HAMMOND</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>13,</b> Year <b>1958</b>		
5. SEX <b>Male</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>Jan. 9, 1907</b>		9. AGE (In years last birthday) <b>51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ccountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mills</b>	11. BIRTHPLACE (City and state or country) <b>Providence Utah</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Horace E. Hammond</b>		13b. MOTHER'S MAIDEN NAME <b>Salina Tibbitts</b>		13c. NAME OF HUSBAND OR WIFE <b>Wanda Dainis Hammond</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>468-05-1932</b>		17. INFORMANT <b>Wanda Hammond</b> Address <b>2741 Glendale, Indep., 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>Rt hemiplegia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <b>left cerebral artery thrombosis</b>					<b>24 hrs</b>
DUE TO <b>acute myocardial infarction (anterior) due to coronary thrombosis</b>					<b>1 mo</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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>ITEM 3, 13b, 14, 17 CORRECTED</b>			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		BY AFFIDAVIT OF <b>Informant</b> <b>1-27-59 DCI.</b>			
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 <b>Independence, Mo</b>	
21. I attended the deceased from <b>11/17/58</b> to <b>12/13/58</b> and last saw him alive on <b>12/13/58</b> Death occurred at <b>11/21/58</b> p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Vance E. Link, M.D.</b> (Degree or title)			22b. ADDRESS <b>10901 Winner Rd</b>		22c. DATE SIGNED <b>12/15/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or country) (State) <b>Providence, Utah</b>
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Indep., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-16-58</b>		26. REGISTRAR'S SIGNATURE <b>Vance E. Link</b>

USE ONLY BLACK INK OR RIBBON IN PENCILS IF POSSIBLE  
 All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JUN 8 1959

NAME OF DECEASED \_\_\_\_\_  
ADDRESS \_\_\_\_\_

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 Raymond T. Lottman  
Licensed Embalmer No. 4216  
P. O. Address Independence, Mo.

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.