

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

P 59-008081

FILED MAR 13 1959

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 38

300
-57

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		c. CITY (If outside, give location) OR TOWN <u>SIKESTON</u> ^{100 3} ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>901 SIKES</u>		d. STREET (If outside, give location) ADDRESS <u>901 SIKES</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LULA AGNES HAMMOND</u>			4. DATE OF DEATH Month Day Year <u>3-5-1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 5, 1884</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>RIDGEWAY ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. T. GLASS</u>	13b. MOTHER'S MAIDEN NAME <u>NARCISSIS CHAPPELL</u>	14. NAME OF HUSBAND OR WIFE <u>J. M.</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>B. D. Blackburn - Sikeston Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ART. SCLEROTIC HEAR DIS.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GEN. ART. SCLEROSIS.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <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.) <u>1957</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>SIKESTON, MO</u>
21. I attended the deceased from <u>1957</u> to <u>3.5.59</u> and last saw her/him alive on <u>3.5.59</u> Death occurred at <u>3:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Carl G Popop M.D.</u>	22b. ADDRESS <u>SIKESTON, MO</u>	22c. DATE SIGNED <u>3.7.59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK</u>	23d. LOCATION (City, town, or county) (State) <u>MALDEN MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Welch Funeral Home - Sikeston Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-59</u>	26. REGISTRAR'S SIGNATURE <u>John Elliott Hunter</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

Mar 20 1959

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 Crews
Licensed Embalmer No. _____
P. O. Address St. Keeton 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.