

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033469

FILED VS OCT 13 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 377

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b **		c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 507 S. Spruce		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) * UREL LAWRENCE HAMMACK *				4. DATE OF DEATH Oct. 3, 1959			
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 8-15-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Welder		10b. KIND OF BUSINESS OR INDUSTRY St Joseph Lead Co. Halifax, Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jepthah Hammack			13b. MOTHER'S MAIDEN NAME Martha Riddle		14. NAME OF HUSBAND OR WIFE Lulu Levall Hammack		
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. 490-03-2749	17. INFORMANT Address Mrs. Urel L. Hammack Bonne Terre				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis - 14 weeks						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) Upper respiratory infection						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year					
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 6-23-59 to 10-3-59 and last saw <input checked="" type="checkbox"/> him alive on 10-3-59 Death occurred at 1:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marvin J. Haw, J.M.R.				22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 10-3-59.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-5-1959	23c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Park Bonne Terre, Mo.		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR C.Z. BOYER & SON INC.		ADDRESS Bonne Terre		25. DATE RECD. BY LOCAL REG. Oct. 5, 1959	26. REGISTRAR'S SIGNATURE Eather Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FIAR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
B. T. Boyer

Licensed Embalmer No. 3 6 6 0

P. O. Address Desloge, M

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.