

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 30 REG. NO. 30 FILED VS DEC 21 1959 07 Registrar's No. 579 '59 043479 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF	Length of stay in 1b 5 DAYS	c. CITY OR TOWN MALDEN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE

3. NAME OF DECEASED (Type or print) First VIRGIL Middle (NONE) Last HAMMONDS			4. DATE OF DEATH Month NOVEMBER Day 24 , Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-17-98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	10b. KIND OF BUSINESS OR INDUSTRY FOOD	11. BIRTHPLACE (City and state or country) MALDEN, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOE HAMMONDS	13b. MOTHER'S MAIDEN NAME MARY DAVES	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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) HEMOCHROMATOSIS.		INTERVAL BETWEEN ONSET AND DEATH 9 Years
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) or (b). 1. TUBERCULOSIS, PULMONARY, CHRONIC, ACTIVE. 2. ARTERIOSCLEROSIS, GENERALIZED, ADVANCED.		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
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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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from Nov. 19, 1959 to Nov. 24, 1959 and last saw her alive on _____ Death occurred at 930PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Ernest M. Tapp, M.D., Director, Prof. Svcs.	22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 11/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-28-59	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN	23d. LOCATION (City, town, or county) (State) CAMPBELL, MO.
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24. FUNERAL DIRECTOR ADDRESS DAY & KNIGHT F.H. MALDEN, MO.	25. DATE RECD. BY LOCAL REG. 12/8/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____
P.O. Address _____

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.