

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005456

FILED VS MAR 2 1960 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 520

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CASS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEMAN Length of stay in 1b 9 Yrs		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS c. CITY OR TOWN FREEMAN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At his home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR CLINTON HAMMONDS			4. DATE OF DEATH Month Day Year Feb 26 1960			
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 2-4-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) FREEMAN, MISSOURI		
13a. FATHER'S NAME John Henry Hammonds		13b. MOTHER'S MAIDEN NAME ANNIE M. DAVENPORT		14. NAME OF HUSBAND OR WIFE Chloe Hammonds		
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. none		17. INFORMANT Address Chloe Hammonds FREEMAN, 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) BROUCHO PNEUMONIA 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) FRacture left hip - 3 mo		INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
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 AUGUST 1957 to FEB. 26 1960 last saw her/him alive on FEB 18 1960 Death occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS HARRISONVILLE Mo.	22c. DATE SIGNED 2-27-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-28-1960	23c. NAME OF CEMETERY OR CREMATORY FREEMAN Cemetery	23d. LOCATION (City, town, or county) FREEMAN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS ATKINSON Dickey HARRISONVILLE, MO.		25. DATE RECD. BY LOCAL REG. Feb. 27-1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8

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 Robert Anderson

Licensed Embalmer No. 4902

P. O. Address Hammock

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.