

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018043

FILED VS MAY 4 1960

338

Primary Registration District No. 6148

Registrar's No. 17

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor twm.</b>		Length of stay in 1b <b>1 yr.</b>		c. CITY OR TOWN <b>Bloomfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at family home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 2,</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>--</b> Last <b>HAMMONS</b>				4. DATE OF DEATH Month <b>April</b> Day <b>23,</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-8-1888</b>		9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Boiler Fireman</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>State of Kentucky USA</b>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <b>Not known</b>				13b. MOTHER'S MAIDEN NAME <b>Not known</b>				14. NAME OF HUSBAND OR WIFE <b>-----</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes. WW I</b>				16. SOCIAL SECURITY NO. <b>303 14 6294</b>		17. INFORMANT Address <b>Wm. Layton, Bloomfield, Mo. R. # 2</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>Cerebral Hemorrhage -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) <b>Sen. Arteriosclerosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>July 59</b> to <b>4-23-60</b> and last saw him alive on <b>4-22-60</b> Death occurred at <b>4:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Stephen R. ...</b>						22b. ADDRESS <b>Bloomfield Mo</b>			22c. DATE SIGNED <b>4-28-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr. 25, 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Walker cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo. Rural</b>						
24. FUNERAL DIRECTOR <b>CHILES UND. CO., BLOOMFIELD, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>4-30-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. George L. Baker</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

& by Lulu Cooper # 3499 Student XXXXXX

work ~~to~~ ~~under~~ ~~my~~ ~~personal~~ ~~supervision.~~

~~XXXX~~

Signature of Student Embalmer

Signed

*Lulu C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.