

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023915

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 61 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wilson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in 1b 1 Wk.		c. CITY OR TOWN Neodasha		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neosho Auto Court			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 812 No. 8th. St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle MARTHA Last HAMMERSLEY				4. DATE OF DEATH Month June Day 18 Year 1960			
5. SEX Female	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 3/18/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Parkersberg W. Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James B. Knight			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Samuel Hammersley		
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. 509-07-1566	17. INFORMANT Samuel Hammersley, Neodasha Ks			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage Profuse DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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 <u>June 18, 1960</u> to <u>Call</u> and last saw her alive on <u>D.O.A.</u> Death occurred at <u>5:00 A.M. Estimate</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Melvin C. Bowman, M.D.</i>				22b. ADDRESS <i>4200 SHERMAN</i>		22c. DATE SIGNED <i>6-18-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-18-1960	23c. NAME OF CEMETERY OR CREMATORY Neodasha Cemetery		23d. LOCATION (City, town, or county) Neodasha Kansas		(State)	
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.				25. DATE RECD. BY LOCAL REG. June 18, 1960	26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman, MD</i> <i>pu RH</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Blyde M. Tomson

Licensed Embalmer No. 5065

P. O. Address Meosha, Md

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.