URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030569
STATE FILE NUMBER

FILED W/ AUG 29 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4150

ENDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY, MO.
Length of stay in 1b: 2½ HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: CLAY
c. CITY OR TOWN: NORTH KANSAS CITY
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 536 EAST 28TH AVE.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: OLA Middle: LOUISE Last: HAMMOCK
4. DATE OF DEATH: Month: AUG. Day: 11 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-22-1897
9. AGE (last birthday): 63
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ATKINS, ARK.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE F. EMMERT
13b. MOTHER'S MAIDEN NAME: AUGIE STOCKS
14. NAME OF HUSBAND OR WIFE: GILBERT HAMMOCK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: GILBERT HAMMOCK Address: 536 E. 28TH AVE. N.K.C., MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Abscess of chestwall — unknown
DUE TO (c): Infection of old operative area — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Surgical absence right breast (1955).
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-8-60, to 8-11-60 and last saw ~~him~~ her alive on 8-11-60
Death occurred at 10:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. W. Chastain, M.D.
22b. ADDRESS: North Kansas City, Mo.
22c. DATE SIGNED: 8-12-60

BY AFFIDAVIT OF M. W. Chastain

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-15-1960
23c. NAME OF CEMETERY OR CREMATORY: ATKINS CEMETERY
23d. LOCATION (City, town, or county) (State): ATKINS, ARK.
24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S N.K.C., MO.
25. DATE RECD. BY LOCAL REG.: 8-12-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

9-6-60 if signed statement, atndg physician ~~DOCUMENT~~ blank 18 Pt II Surgical absence rt breast

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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