

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018178

AMENDED

Registration District No. 181 Primary Registration District No. 5677 Registrar's No. 12 STATE FILE NUMBER

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		Length of stay in 1b 6 Yrs	c. CITY OR TOWN Union Twp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Residence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Farm Residence Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Sylvester Lawrence Hammett			4. DATE OF DEATH Month Day Year May 26, 1961		
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 1/9/1914	9. AGE (last birthday) 47	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 Gen. Farming	11. BIRTHPLACE (City and state or country) Silex Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph O. Hammett		13b. MOTHER'S MAIDEN NAME Bertha Ives		14. NAME OF HUSBAND OR WIFE Velma Stuckey	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Velma Hammett, Eolia, Missouri.
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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) Gunshot Wound of Rt Occipital-Parietal Region. Brain & Skull Shattered.		INTERVAL BETWEEN ONSET AND DEATH Inst.
DUE TO (b) Self-Inflicted		
DUE TO (c)		

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self in smokehouse with .410 Ga.
20c. TIME OF INJURY Hour Month, Day, Year single shot shotgun.		

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 Union Twp. Lincoln Co. Missouri.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Joseph D. Marsh Sr. CORONER	21b. ADDRESS Troy, Missouri.	21c. DATE SIGNED 5/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 30, 1961	23c. NAME OF CEMETERY OR CREMATORY Sulphur Lick Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County Mo.
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24. FUNERAL DIRECTOR ADDRESS D. W. M. & Coy Troy Mo.	25. DATE RECD. BY LOCAL REG. 5/31/1961	26. REGISTRAR'S SIGNATURE Mrs. Cleora Kientz
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

REQUIREMENTS ON THIS RECORD ARE AS FOLLOWS

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 D. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Tracy Mo

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.