

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

130
120

-61-038025

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 5954 Registrar's No. 120

FILED NOV 9 1961

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

3. NAME OF DECEASED (Type or print) First Nettie Middle - Last Hammers			4. DATE OF DEATH Month Nov Day 4 Year 1961			
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5. SEX Female	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/9/1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (City and state or country) Pike County Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Johnson Daniels	13b. MOTHER'S MAIDEN NAME Mildred Jackson	14. NAME OF HUSBAND OR WIFE Howard Hammers
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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 Howard Hammers	Address Paynesville, Mo.
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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) hepatozoin, acute, etiology		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
DUE TO (b) unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month _____ Day _____ Year _____
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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 Clarksville	COUNTY Missouri	STATE
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21. I attended the deceased from **same deceased for 1st time just p death.** to _____ and last seen _____
Death occurred at **2 45 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward K. Jackson, M.D.	(Degree or title)	22b. ADDRESS Box 367 Clarksville, Mo.	22c. DATE SIGNED 11-6-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/1961	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Clarksville, Missouri	(State)
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24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov-6-1961	26. REGISTRAR'S SIGNATURE Bernice Collier
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. B. Starnes

Licensed Embalmer No. 40.39

P. O. Address Louisiana

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.