

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014964

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0411
2 0410
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DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY HARRISON
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN BETHANY, MO. Length of stay in 1b 2 DAYS
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION NOLL MEMORIAL Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY HARRISON
c. CITY OR TOWN NEW HAMPTON, MO Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) RFD. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
VELTA FAYE HAMMOND MAY 3 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-18-1889 9. AGE (last birthday) 73 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 11. BIRTHPLACE (City and state or country) ATTICA, IOWA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOSEPH F. MARK 13b. MOTHER'S MAIDEN NAME JANE FITZGERALD 14. NAME OF HUSBAND OR WIFE HERMAN M. HAMMOND

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. [redacted] 17. INFORMANT Address HERMAN M. HAMMOND NEW HAMPTON MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peripheral vascular collapse INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized peritonitis 24 hours
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe pulmonary insufficiency

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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Bethany, Missouri. 22c. DATE SIGNED 5/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 5, 1962 23c. NAME OF CEMETERY OR CREMATORY MIRIAM CEMETERY 23d. LOCATION (City, town, or county) (State) BETHANY, MO.

24. FUNERAL DIRECTOR ADDRESS W. George Noble Bethany, Mo. 25. DATE RECD. BY LOCAL REG. 5-5-1962 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 William George Webb

Licensed Embalmer No. 4987

P. O. Address Bethany, W. Va.

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.