MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NVFILED25 640

0045623 STATE FILE NUMBER

Registration District No. 640 Primary Registration District No. ____ Registrar's No. 171

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0850
2 0850
3
4 1
5 1
6
7 0
8 2
9 9
10 8
11
12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pulaski County Hosp — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rural Rt #1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Eva Last: Hammock

4. DATE OF DEATH: Month: 11 Day: 9 Year: 1964

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 12-30-1889

9. AGE (last birthday): 34 — 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: Domestic

11. BIRTHPLACE (City and state or country): Waynesville Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfie Donaldson

13b. MOTHER'S MAIDEN NAME: Celia Rosetta Brown

14. NAME OF HUSBAND OR WIFE: Floyd Hammock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of ser[illegible]

16. SOCIAL SECURITY NO.: [illegible]39

17. INFORMANT: Cloyd Hammock — Address: Waynesville Mo Rt #1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolus	2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Complication of Surgery	4 days.
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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Nov 3, 1964 to Nov 9, 1964 and last saw her ~~him~~ alive on Nov 9, 1964.
Death occurred at 8:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Mikalevich (Degree or title) DO

22b. ADDRESS: Crocker, Missouri

22c. DATE SIGNED: 11-10-1964

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-12-1964

23c. NAME OF CEMETERY OR CREMATORY: Buckhorn Cemetery

23d. LOCATION (City, town, or county) (State): Waynesville Pulaski Mo

24. FUNERAL DIRECTOR C. Moss — **ADDRESS**: Moss-Williams Waynesville Mo

25. DATE RECD. BY LOCAL REG.: 11-16-64

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.