

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 0002931 STATE FILE NUMBER

FILED JAN 22 1964

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell Length of stay in 1b 39 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 Washington St. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois c. CITY OR TOWN Cantwell, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 107 Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Joseph Middle Jaques Last Hammack 4. DATE OF DEATH Month January Day 12th Year 1964			9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
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 June 3, 1890 - 73	11. BIRTHPLACE (City and state or country) Blackwell, Missouri	12. CITIZEN OF WHAT COUNTRY USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining		14. NAME OF HUSBAND OR WIFE Francis Cash	
13a. FATHER'S NAME Thomas W. Hammack		13b. MOTHER'S MAIDEN NAME Sarah E. Neal		17. INFORMANT Mrs. Joe Hammack, Cantwell, Mo. Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No			16. SOCIAL SECURITY NO. 666		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be "Natural Causes" DUE TO (b) Investigated by Ted Boyer, Coroner of St. Francois County, Mo. DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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	

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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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		

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
 Death occurred at **3:30P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Esther Rudloff</i> Local Registrar		22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 1-13-64 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 25, 1964	23c. NAME OF CEMETERY OR CREMATORY Parkview Cem. near Farmington Mo.	23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Desloge, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 13, 1964	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
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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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.