

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14286

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>RURAL MARION TWP.</u>		c. CITY OR TOWN <u>RURAL MARION TWP.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R-1 BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-1 BONNE TERRE</u>			

3. NAME OF DECEASED a. (First) <u>JEPHATHAH</u> b. (Middle) <u>FRANK</u> c. (Last) <u>HAMMACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 13, 1883</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>SILVER SPRINGS, MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>JEPHATHAH HAMMACK</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA RIDDLES</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA MAY HAMMACK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LON HAMMACK BONNE TERRE MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 21, 1950, to April 21, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maxwell J. Now</u>		23b. ADDRESS <u>R. 1, D. Bonne Terre Mo.</u>		23c. DATE SIGNED <u>4/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>ST. FRANCOIS MEMO. PK. BONNE TERRE MO</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin L. Bonac</u>		ADDRESS <u>Bonne Terre, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudlo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

1940

RECEIVED

MAY 1 1950

EMERGENCY HEALTH OFFICE No. 4

FILE No. 550-637

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
Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonneville, 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 this body is not embalmed, fact should be so stated above.