

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 1 6 0

FILED VS. JAN 12 1960 316

Primary Registration District No. 3061 Registrar's No. 503

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River, Mo</u>		Length of stay in 1b <u>26 yrs.</u>		c. CITY OR TOWN <u>Flat River, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>401 Adams St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>401 Adams</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Alonzo</u> Middle <u>Vermont</u> Last <u>Hammack</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>30</u> Year <u>1959</u>											
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/2/1891</u>		9. AGE (last birthday) <u>68</u>							
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) <u>Section Foreman (railroad)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific</u>		11. BIRTHPLACE (City and state or country) <u>Melzo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Jephtha Hammack</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Riddle</u>				14. NAME OF HUSBAND OR WIFE <u>Elsie Thurman Hammack</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>				16. SOCIAL SECURITY NO. <u>702-16-6646</u>				17. INFORMANT <u>daughter</u> Address <u>Flat River, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYO CARDIAL INFARCTION</u> DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u> <u>?-years</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHIAL ASTHMA, ALSO PROV HEART ATTACK</u>								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 <u>1958</u> to <u>12-30-59</u> and last saw ^{her} him alive on <u>12-30-59</u> . Death occurred at <u>2 3/4 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>Weslodge, Missouri</u>				22c. DATE SIGNED <u>12-31-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Jan. 1, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>				23d. LOCATION (City, town, or county) (State) <u>St. Francois Mo</u>							
24. FUNERAL DIRECTOR <u>Alvin W. Hood, 303 Crane St, Flat River, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>Dec. 31, 1959</u>				26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cabrera Ford

Licensed Embalmer No. 3780

P. O. Address Alas Rio

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.