

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3738

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3738</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olathe</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Louis</u> c. (Last) <u>Hammer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1949</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>April 25, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work from longest most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson County Home</u>		11. BIRTHPLACE (State or foreign country) <u>Prairie Center, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Hammer</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Wyland</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Madden Hammer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Esther M Hammer Ks.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A-S Cardiovascular.</u>				<u>5 yrs.</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Aug 8 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. (ACCIDENT SUICIDE HOMICIDE) (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Olathe Johnson Ks.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>Aug 7</u> , 19 <u>49</u> , to <u>Aug 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>49</u> , and that death occurred at <u>9:50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. A. Staggs</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>822 Argyle</u>		23c. DATE SIGNED <u>Aug 29 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Olathe Johnson Kans.</u>	
DATE REC'D BY LOCAL REG. <u>8-30-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H E Julien Olathe Kan.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED SEP 17 1949

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

Chester K. Fleming

Licensed Embalmer No.

4529 J

P. O. Address

Clatke, Kansas

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.