

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9579

06/10

BIRTH NO. _____		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 4310		Registrar's No. 67	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berier</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berier</u>		d. STREET ADDRESS _____		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>James</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Hammer</u>	(Month) <u>3</u>	(Day) <u>19</u>	(Year) <u>50</u>	Male	6. COLOR OR RACE <u>White</u>
(Type or Print)							7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>9-18-82</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>Hammer</u>		11. BIRTHPLACE (State or foreign country) <u>Berier Mo</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James A. Hammer</u>		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE <u>May Hammer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>May Hammer</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angioplegia</u>				<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>Cardiac Catheter (Chronic 8 years)</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>Mar 7, 1950</u> , to <u>Mar 13, 1950</u> , that I last saw the deceased alive on <u>Mar 13, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. Weidlich, D.O.</u>				23b. ADDRESS <u>Berier Mo</u>		23c. DATE SIGNED <u>3/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood in Berier Mo</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>3/20/50</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u> 397		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u> ADDRESS <u>Berier Mo</u>			

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

RECEIVED 3/29/50
MACON COUNTY HEALTH DEPARTMENT
County File No.4/50/76.....
Date Filed7/11/50.....

MAY 13 1950

JUL 28 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. G. Edwards

Signed.....
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Bevins, 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.