

FILED MAR 24 1950

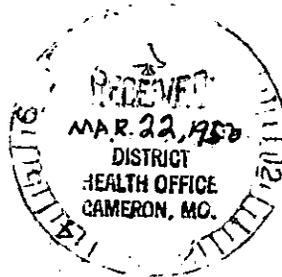
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11782**

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4549</u>		Registrar's No. <u>20</u>				
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Allendale</b>			c. LENGTH OF STAY (in this place) <b>32 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Allendale</b>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b>			b. (Middle) <b>Alvin</b>		c. (Last) <b>Hammer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 14 1950</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>1 20 1876</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>24</b>	IF UNDER 2 HRS. Hours <b></b>	IF UNDER 2 HRS. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired banker &amp; merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>banking &amp; merchant</b>		11. BIRTHPLACE (State or foreign country) <b>Allendale Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Joseph Hammer</b>			13b. MOTHER'S MAIDEN NAME <b>Minerva Carr</b>			14. NAME OF HUSBAND OR WIFE <b>Emma Hammer</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Emma Hammer Allendale, Mo.</b>						
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) <b>Endo conditions of heart</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Multicystic &amp; atherosclerosis</b>						<b>5 yrs</b>		
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>						<b>4214</b>		
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)		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>1-17</u> , 19 <u>49</u> , to <u>3-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>50</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS <i>[Address]</i>			23c. DATE SIGNED <b>3-14-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
<b>burial</b>		<b>3 16 1950</b>		<b>Kirk Cemetery</b>		<b>Allendale, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>Mar. 18-1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> <b>Grant City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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



**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

*Arch C. Duffer*

Licensed Embalmer No. 3252

P. O. Address Front City, 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.