

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32402
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 146

187
0

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEVADA</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>MIL0</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>JUANITA</u> c. (Last) <u>HAMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 - 50</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 15, 1886</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>STATON ISLAND, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FREEMAN FLATT</u>		13b. MOTHER'S MAIDEN NAME <u>ALFA BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>CLEVE HAMER</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 <u>Cleve Hamer</u>		ADDRESS <u>Mil0 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Ventricular failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause Undetermined</u> DUE TO (c) <u>Chronic cholecystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholecystitis & lithiasis</u>	
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.) <u>none</u>	
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? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 5</u> , 19 <u>50</u> , to <u>Sept. 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 4</u> , 19 <u>50</u> , and that death occurred at <u>10:03P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Kathryn H. Hancock</u> (Degree or title)		23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
23c. DATE SIGNED <u>9/8/50</u>			
24a. BURIAL, CREMA TION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 7-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mil0 Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Sept. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u> 331	
FUNDAL DIRECTOR'S SIGNATURE <u>Henry Funeral Home Holden</u>		ADDRESS	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1947

Date Filed 9-23-50

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 L. Gerald Beeny

Licensed Embalmer No. 42030

P. O. Address Shiloh 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.