

No. 300
10-48

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36533

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pilot Grove</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pilot Grove</i> 1270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pilot Grove, mo</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>FREDRICK</i> b. (Middle) <i>JOHN</i> c. (Last) <i>LAMMERS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 18, 1950</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 28, 1873</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>70</i> Days <i>20</i>	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry Lammers</i>	13b. MOTHER'S MAIDEN NAME <i>Wilhelmina Vonderhe</i>	14. NAME OF HUSBAND OR WIFE <i>Mr. Wilhelmina Lammers</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>4</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alfred Lammers, Boonville, mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Crotia Anemias Keptened</i>		INTERVAL BETWEEN ONSET AND DEATH <i>42 27</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>High Blood Pressure</i>		
	DUE TO (c) <i>Chronic Myocarditis</i>		
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 <i>X. Rays had been taken before</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *12-31, 1945* to *11-18, 1950*, that I last saw the deceased alive on *11-19, 1950*, and that death occurred at *1 1/2* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas Sandy MD</i> (Degree or title)	23b. ADDRESS <i>Pilot Grove MO</i>	23c. DATE SIGNED <i>11-18-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>Nov. 20, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Pilot Grove, MO</i>
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DATE REC'D BY LOCAL REG. <i>Nov. 19, 1950</i>	REGISTRAR'S SIGNATURE <i>D. Hooper</i> 1381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hays Painter, Pilot Grove, MO</i>
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(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED

11/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed *11-27-50*

NOV 28 1950

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 *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, 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.