

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2581
Registrar's No. 245

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 245			
1. PLACE OF DEATH a. COUNTY <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>30 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Grove</u>		0390			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u>				/	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) <u>"M"</u>		e. (Last) <u>HAMMEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 9 51</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>11-28-1886</u>			
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R R</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u>			
10a.		11.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>William Hammen</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian Walker</u>			14. NAME OF HUSBAND OR WIFE <u>Edith Hammen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-18-0172</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Hammen Jefferson City Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Dis.</u>					<u>many yrs</u>		
		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>Pulmonary infarction & Bronchopneumonia</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H16X</u>					
22. I hereby certify that I attended the deceased from <u>Dec. 11, 1951</u> , to <u>Jan. 9, 1951</u> , that I last saw the deceased alive on <u>Jan. 9, 1951</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert A. Huckstep</u> (Degree or title) <u>M. H.</u>				23b. ADDRESS <u>1755 S. Grand</u>		23c. DATE SIGNED <u>1-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 1-0 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE SERVICE ADDRESS <u>[Signature] 4104 Macphactor Ave St. Louis 10, Mo.</u>					

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

FILED 15 1930

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.....
Student Embalmer

Signed *Ronald A. [unclear]*

Licensed Embalmer No. 3917

P. O. Address *Strains, Va*

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.