

FILED JUL 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19710

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>305 N. Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u> b. (Middle) _____ c. (Last) <u>HAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1951</u>		
5. SEX <u>f</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan 20 1878</u>	
9. AGE (In years / last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>teaching</u>	
11. BIRTHPLACE (State or foreign country) <u>Penn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Joe - O. Hamer</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Sheek</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gay Ellis</u> ADDRESS <u>Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 1950</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right &amp; left carcinoma of breasts removed by radical mastectomies 1944 &amp; 1946</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apertinately</u>		

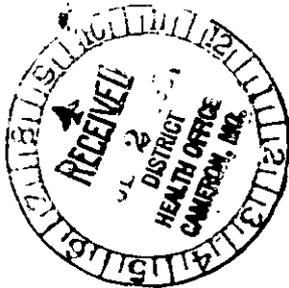
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 9, 1951, to 6-26, 1951; that I last saw the deceased alive on 6-25, 1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Kimes</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>6-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>6/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-51</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> 370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron Mo.</u>
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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 F. Poland

Licensed Embalmer No. 4244

P. O. Address Cameroon

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.