

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38423

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, at institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Dunnegan</u>		c. CITY OR TOWN <u>Dunnegan</u> <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunnegan Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Dunnegan Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Emaline</u> c. (Last) <u>Hammors</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 15 1871</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	
11. BIRTHPLACE (State or foreign country) <u>Cedar Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Grimes</u>		13b. MOTHER'S MAIDEN NAME <u>Orlena Essens</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Wesley Hammors</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Hammors</u>		ADDRESS <u>Dunnegan Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 w/c</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>chronic myocarditis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertensive myocarditis</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Oct 18, 1951</u> , to <u>Oct 21, 1951</u> , that I last saw the deceased alive on <u>Oct 21, 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>Dr. M. Caran</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bolivar Mo</u>	
23c. DATE SIGNED <u>10-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 24/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Dunnegan Mo</u>	
DATE REC'D BY LOCAL REG. <u>No. 237/951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Judith D. Green</u>		ADDRESS <u>and Blue Bolivar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEPARTMENT OF HEALTH OF MO.

District No. 5 - Springfield

NOV 27 1951

File 1157-2081

11-27-51

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 Walter B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.