

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5971

State File No.

No. 300
10. 48

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 980

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>30 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>5037 Paseo Blvd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Albert</u> c. (Last) <u>HAMMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 15 1953</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>May 16, 1892</u>
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate broker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Allendale, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Hammer</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Carr</u>	
14. NAME OF HUSBAND OR WIFE <u>Inez Lee Hammer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Official Records, Veterans Administration</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of pancreas with metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>as above</u> DUE TO (c) <u>as above</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>February 11, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Whipple operation, as above</u>	
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 November 1, 1952, to February 15, 1953, and that death occurred at 2:25 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. O. A. HIGGINS, M.D. CHIEF, Surg. Serv.</u>		23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>February 1953</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>	
24b. DATE <u>17 FEB.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheraldine Smith</u>	
DATE REC'D BY LOCAL REG. <u>2-16-53</u>		ADDRESS <u>FLORAL HILLS MEMORIAL CHAPELS K.C. MO</u>	

STATEMENT BY LICENSED EMBALMER

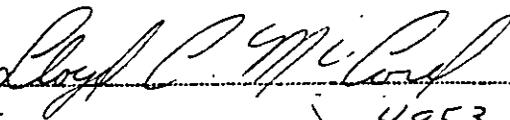
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No: _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4853

P. O. Address: A.C. 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.