

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20753

State File No.

691

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1006 Dewey Ave Parkview Nursing Home				d. STREET ADDRESS (If rural, give location) 1006 Dewey Ave 0			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Bricker c. (Last) Hamaker			4. DATE OF DEATH June 19, 1953.				
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH February 28, 1874		9. AGE (In years last birthday) 79 yrs	# UNDER 1 YEAR Months	# UNDER 6 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Cameron, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Avery Moulton		13b. MOTHER'S MAIDEN NAME Rebecca Reid		14. NAME OF HUSBAND OR WIFE Fred Hamaker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joy Liberman				
				ADDRESS St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>							<u>Under</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			
				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>Carcinoma of uterus</u>			<u>Under</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4500 H		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 <u>6-18</u> , 1953, to <u>6-19</u> , 1953, that I last saw the deceased alive on <u>6-19</u> , 1953, and that death occurred at <u>3:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement C. Liberman</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>6-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. June 25, 1953		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer & Liberman</u> ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Raymond A. Merhies
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.