

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39481

FILED NOV 19 1953

State File No. 225
VON

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>225</u>			
1. PLACE OF DEATH a. COUNTY <u> Jasper </u>				2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE <u> Missouri </u> b. COUNTY <u> Lawrence </u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> Near Carthage </u>		c. LENGTH OF STAY (In this place) <u> 5 mos </u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u> Near Mt Vernon Mo </u>		d. STREET ADDRESS (If rural, give location) <u> X X 0550 1 </u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> Fair Acres Rest Home </u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u> William </u> b. (Middle) <u> Hurston </u> c. (Last) <u> Hammer </u>			4. DATE OF DEATH Month <u> Nov </u> Day <u> 9 </u> Year <u> 1953 </u>						
5. SEX <u> Male </u>		6. COLOR OR RACE <u> White </u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u> Sept 27 - 1886 </u>			
9. AGE (In years last birthday) <u> 67 </u>		10. USUAL OCCUPATION (Other kind of work than during most of working life, even if retired) <u> Retired Farmer Agriculturist </u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u> Near, Mo, USA </u>			
12. CITIZEN OF WHAT COUNTRY? <u> USA </u>			13a. FATHER'S NAME <u> Allen Hammer </u>		13b. FATHER'S MAIDEN NAME <u> Frances Oliver </u>		14. NAME OF MOTHER OR WIFE <u> Lula Hammer </u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> No </u>		16. SOCIAL SECURITY NO. <u> No </u>		17. INFORMANT'S SIGNATURE OR NAME <u> Mrs Fay Leuser 2021 5th St </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				INTERVAL BETWEEN ONSET AND DEATH <u> 2-3 hrs </u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> Aspiration of Vomitus </u>				DUE TO (b) <u> Sudden Vomiting & Cough from </u>				4-5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u> Mental deterioration (arterio-sclerosis) </u>				bronchitis	
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 <u> 501X </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 <u> 11-5, 1953 </u> , to <u> 11-5, 1953 </u> ; that I last saw the deceased alive on <u> 11-5, 1953 </u> , and that death occurred at <u> 10:30 AM. </u> , from the causes and on the date stated above.									
23a. SIGNATURE <u> Grover S. Patterson MD </u> (Degree or title)				23b. ADDRESS <u> 506 S. Main, Carthage, Mo </u>				23c. DATE SIGNED <u> 11-11-53 </u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u> Nov 11-53 </u>		24c. NAME OF CEMETERY OR CREMATORY <u> Zion Cemetery </u>		24d. LOCATION (City, town, or county) (State) <u> Near Mt Vernon Mo </u>			
DATE REC'D BY LOCAL REG. <u> Nov 11-53 </u>		REGISTRAR'S SIGNATURE <u> Clyde A. Judger </u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> George B. Orr </u> ADDRESS <u> Mt Vernon </u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 18 1953

Jasper County Health Office

County File Number 53-11-921

Date Filed NOV 18 1953

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. 946

P. O. Address MA Fernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.