

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22320**

BIRTH NO. _____		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 5175 Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Candor			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Candor		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Punch Russell T.S.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Punch Russell T.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Macks Creek Pt. 1			d. STREET ADDRESS (If rural, give location) Macks Creek Pt. 1		
3. NAME OF DECEASED (Type or Print) a. (First) Willard Fred b. (Middle) _____ c. (Last) HAMMER			4. DATE OF DEATH (Month) (Day) (Year) July 12 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7 1906	9. AGE (In years last birthday) 47	10. YEAR OF UNDER 12 HRS. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Candor Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Hammer		13b. MOTHER'S MAIDEN NAME Myrtle Evans		14. NAME OF HUSBAND OR WIFE Veta Hammer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-30-5948	17. INFORMANT'S SIGNATURE OR NAME Veta Hammer ADDRESS Macks Creek Pt. 1		
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) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Acute
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 6-25, 1954 , to 7-12, 1954 , that I last saw the deceased alive on 6-20, 1954 , and that death occurred at 6a m., from the causes and on the date stated above.					
23a. SIGNATURE K. Dale Atterburn (Degree or title) DoT		23b. ADDRESS Candor Mo.		23c. DATE SIGNED 7-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/13/54	24c. NAME OF CEMETERY OR CREMATORY High Point	24d. LOCATION (City, town, or county) (State) Candor Co. Mo.		
DATE REC'D BY LOCAL REG. 7-13-54	REGISTRAR'S SIGNATURE Alda R. Eldred	25. FUNERAL DIRECTOR'S SIGNATURE S. P. Palmer	ADDRESS Utah Mo.		

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

0150

DEC 4 J 1955

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Chardon 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.