

No. 300  
10.48

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23580

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4288 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Moscow Mills</u> c. LENGTH OF STAY (in this place) <u>75 yrs.</u>		c. CITY OR TOWN <u>Moscow Mills</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0570</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>CASPER</u> c. (Last) <u>HAMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8-1949) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 17 1869</u>
9. AGE (In years, if under 1 year last birthday) <u>84</u> (Month) <u>9</u> (Day) <u>11</u>		9. AGE (In years, if under 1 year last birthday) <u>84</u> (Month) <u>9</u> (Day) <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>F. Farmer (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow Mills Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Hammer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Lizzie Hammer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or none) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Schefer</u>		ADDRESS <u>Moscow Mills Mo</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, ashenia, 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 Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General 3rd degree sepsis</u> DUE TO (c) <u>Coccyx artery disease</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>157X</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) (m.)		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>July 28</u> , 19 <u>54</u> , to <u>July 28</u> , 19 <u>54</u> that I last saw the deceased alive on <u>July 28</u> , 19 <u>54</u> , and that death occurred at <u>10:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George Schefer</u> (Degree or title)		23b. ADDRESS <u>Troy Mo</u>	
23c. DATE SIGNED <u>7-30-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 7-1954</u>		REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u> <sup>162</sup>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>		ADDRESS <u>Troy Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 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.....  
Signature of Student Embalmer

Signed *Wayne McCoy*.....

Licensed Embalmer No. *398*

P. O. Address *Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.