

No. 306
10-48

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 227
Registrar's No. 105

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>812 Corby Street</u> <u>01170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelyn</u> b. (Middle) <u>Louise</u> c. (Last) <u>Hamaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 17, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>August 24, 1920</u>		9. AGE (In years last birthday) <u>34</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ross-Frazier Supply Co.</u>			

13a. FATHER'S NAME <u>George Kelder</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Peetoom</u>		14. NAME OF HUSBAND OR WIFE <u>Dean Hamaker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or date of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>499-16-5223</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Kelder</u> ADDRESS <u>Bethany, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Multiple Fibroids</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 <u>Multiple Fibroids of Uterus</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Multiple Fibroids of Uterus</u>			
		DUE TO (c) <u>Multiple Fibroids</u>			

19a. DATE OF OPERATION <u>1-17-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple Fibroids of Uterus and Cervix</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) (Min.)		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 Jan 16, 1955, to Jan 17 19 55 that I last saw the deceased alive on Jan 17, 1955, and that death occurred at 12:40P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>823 Faraon St. Joseph, Mo</u>		23c. DATE SIGNED <u>1-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Feb 2, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1956

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 *Elbert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address...St. Joseph,

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.