

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **4263**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **20**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Clinton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Clinton</b>	
b. CITY OR TOWN <b>Cameron</b>		c. CITY OR TOWN <b>Cameron</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 months</b>		e. STREET ADDRESS (If rural, give location) <b>604 Park 02510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>604 Park</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Beachler</b> c. (Last) <b>Hamer</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3 3 56</b>		
<b>5. SEX</b> <b>M</b>		<b>6. COLOR OR RACE</b> <b>W</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widower</b>	
<b>8. DATE OF BIRTH</b> <b>2 Apr 8 1859</b>		<b>9. AGE</b> (In years last birthday) <b>95</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Bedford Indiana</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	

<b>13a. FATHER'S NAME</b> <b>Wm A Hamer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Amanda Jacobs</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>W B Hamer</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		Interval <b>2 dd</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anurid</b>		Interval <b>3 dd</b>
DUE TO (c) <b>Prostatic Gland Hypertrophy</b>		Interval <b>5 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>6/10X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Feb 28, 1955, to Mar 2, 1955, that I last saw the deceased alive on 3-3-1955, and that death occurred at 9:07 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>W B Hamer</b> (Degree or title) <b>DO</b>		<b>23b. ADDRESS</b> <b>Cameron Mo.</b>		<b>23c. DATE SIGNED</b> <b>3-5-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-6-55</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Graceland</b>	
<b>24d. LOCATION</b> (City, town, or county) <b>Cameron</b>		<b>24e. (State)</b> <b>MO</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Palant Funeral Home</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>3-10-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Winifred W. Moser</b>		<b>ADDRESS</b> <b>Cameron</b>	

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

No. 300  
10-48

FILED MAR 14 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 *Robert H. Pollock*

Licensed Embalmer No. *4777*  
*222 west*  
P. O. Address *Camden*

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.