

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35607**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN Marshall, Mo.		c. CITY OR TOWN Marshall	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) 66 Yrs.		e. STREET ADDRESS (If rural, give location) 407 North Allen	
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 North Allen			

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) Ivan	c. (Last) Hammer	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19-1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer-Operated Coal & Gass Heating	10b. KIND OF BUSINESS OR INDUSTRY Coal & Gass Heating	11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John N. Hammer	13b. MOTHER'S MAIDEN NAME Amanda Magnot	14. NAME OF HUSBAND OR WIFE Anna Dickerson Hammer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 495-01-0626	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest I. Hammer-Marshall, Mo.	ADDRESS Marshall, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pericarditis		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute bronchiolitis DUE TO (c) 4010		10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		8 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-30-55** to **11-2-55**, that I last saw the deceased alive on **11-2-1955** and that death occurred at **11:55 PM**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Hammer, M.D. (Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 11-4-55
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 11/6/55	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 11-5-55	REGISTRAR'S SIGNATURE Cecil H. Read	25. FUNERAL DIRECTOR'S SIGNATURE Deputy J. Louis Swasing	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

SEP 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.....
J. Leavin Summary

Licensed Embalmer No. 32183

P. O. Address.....*W. Wash*

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.