

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37349

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>107</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Livingston</u>			c. LENGTH OF STAY (In this place) <u>life</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>City Livingston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hosmer-Hogman</u>				d. STREET ADDRESS (If rural give location) <u>1409 Main St</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>HAMMER</u>		4. DATE (Month) (Day) (Year) <u>November 14 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>11-19-1863</u>		9. AGE (In years last birthday) <u>92</u> IF UNDER 1 YEAR Days <u>9</u> IF UNDER 10 HRS. Hours <u>27</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John G. Mehl</u>			13b. MOTHER'S MAIDEN NAME <u>Marial P. Gimbrader</u>			13c. NAME OF HUSBAND OR WIFE <u>Paul R. Hammer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Boegel</u>					ADDRESS <u>Livingston 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C. A. Gumbach (Pelvic)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 MO</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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"/>	
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>8-19</u> , 19 <u>53</u> , to <u>11-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>55</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. W. [Signature]</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Livingston MO</u>		23c. DATE SIGNED <u>11-14-55</u>	
24a. BURIAL; CREMATION; REMOVAL (Specify)		24b. DATE <u>11-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mackpeleh</u>		24d. LOCATION (City, town, or county) (State) <u>Livingston MO</u>			
DATE REC'D BY LOCAL REG. <u>12-4-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		15b. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Livingston MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

REC 20 1933

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 *Garret F. Purpel*

Licensed Embalmer No. *3275*

P. O. Address *Leopoldtown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.