

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40898

State File No.

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rogers</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) <u>3 hours</u>	c. CITY OR TOWN <u>Richmond</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 (If not in hospital or institution, give street address or location) <u>Excelsior Springs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>250 South Institute</u>	

3. NAME OF DECEASED (Type or Print) <u>NEWTON</u>	a. (First) _____ b. (Middle) <u>P.</u> c. (Last) <u>HAMMEHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 26, 1956</u>
--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 11, 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fuel business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Oliver Newton Hamacher</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Frances Mc Murtry</u>	14. NAME OF HUSBAND OR WIFE <u>Nina (Clark) Hamacher</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>495-07-3064</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nina Hamacher, Richmond, Missouri</u>	ADDRESS _____
--	--	--	---------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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) _____	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 11-26, 1956, to 11-26, 1956, that I last saw the deceased alive on 11-26, 1956, and that death occurred at 9:06 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. K. Davault</u> (Degree or title) _____	23b. ADDRESS <u>Richmond, MO</u>	23c. DATE SIGNED <u>11-28-56</u>
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
---	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12/1/56</u>	REGISTRAR'S SIGNATURE <u>Baroline Ditching</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>24 WEST-LIFE FUNERAL HOME RICHMOND, MISSOURI</u>
---	--	--

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

No. 300
10.48

40601



JAN 11 1963

FEB 10 1958

FEB 7 1957

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 *[Handwritten Signature]*

Licensed Embalmer No. 406.0

P. O. Address *[Handwritten Address]*

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.