

FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2051

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 4-58

300
-57

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EUGENE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>EUGENE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT. 1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>RT. 1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRITZ RUDOLPH HAMACHER</u>			4. DATE OF DEATH Month Day Year <u>JAN. 19, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 27, 1943</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	11. BIRTHPLACE (City and state or country) <u>EUGENE, MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES HAMACHER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KOEHENSKY</u>	14. NAME OF HUSBAND OR WIFE <u>LENA F. HAMACHER</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>LENA HAMACHER EUGENE, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia & Pyelonephritis</u> DUE TO (b) <u>Metastatic Carcinoma Primary in rectum - Metastasis to Urinary bladder Prostate</u> DUE TO (c) <u>Prostate</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>2 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1955</u> to <u>Jan 1958</u> and last saw him alive on <u>1-18-58</u> Death occurred at <u>5:55 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>M. E. Humphreys D.O.</u>		22b. ADDRESS <u>Tusculumbia, Mo.</u>	
22c. DATE SIGNED <u>1-20-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 21, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARY'S HOME</u>	23d. LOCATION (City, town, or county) (State) <u>EUGENE MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Louis D. Phillips</u>		25. DATE RECD. BY LOCAL REG. <u>January 25, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. H. E. Kallenbach</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JAN 27 '58

Miller County
Health Department

FEB 19 1958

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. 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.