

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016981
STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 50 Primary Registration District No. 5180 Registrar's No. 17

300
1-57

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warren T.S. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Dove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ha Ha Tonka Length of stay in 1b 2 weeks		d. STREET ADDRESS (If outside, give location) Dove Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ada Vanilla Hammer			4. DATE OF DEATH Month Day Year May 25 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28 1867
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Laswell	
13b. MOTHER'S MAIDEN NAME Anna Green		14. NAME OF HUSBAND OR WIFE Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no.		16. SOCIAL SECURITY NO. no.	17. INFORMANT Address Mrs Katherine Miller Camdenton Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular - Renal Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) With Myocardial Degeneration DUE TO (c) Arterio Sclerosis - Generalized			INTERVAL BETWEEN ONSET AND DEATH 5 years 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 142x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Nov - 12 58 to May 25 59 and last saw her alive on May 54 59 Death occurred at 2:00 A.M. on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarant or title) Thomas S. Wayland		22b. ADDRESS Camdenton, Mo	
22c. DATE SIGNED May 26 59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE May 27.59		23c. NAME OF CEMETERY OR CREMATORY Blair Cemetery	
23d. LOCATION (City, town, or county) Camdenton		23e. STATE Mo.	
24. FUNERAL DIRECTOR ADDRESS Reed Funeral Home Camdenton Mo.		25. DATE RECD. BY LOCAL REG. May 26-1959	
26. REGISTRAR'S SIGNATURE Zilpha L. Iraw			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Reed

Licensed Embalmer No. 3745
P. O. Address Camden, Mo.

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.