

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-039171

FILED VS DEC 9 1959 **49**

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. 23 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Camden</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Russell Township</b>		Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Mack's Creek</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Lowell</b> Middle <b>Gale</b> Last <b>Hammer</b>			4. DATE OF DEATH Month <b>December</b> Day <b>3</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 13, 1930</b>	9. AGE (last birthday) <b>29</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Stoutland, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Willard Hammer</b>		13b. MOTHER'S MAIDEN NAME <b>Veta Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Joretta Hammer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>497-30-3072</b>	17. INFORMANT Address <b>Joretta Hammer Mack's Creek RR, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>NEURO-CIRCULATORY COLLAPSE</b> DUE TO (b) <b>ASTROCYTOMA - BRAIN.</b> DUE TO (c) _____ Conditions, if any which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month _____ Day _____ Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her alive on _____ Death occurred at <b>9 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>D. B. Holley M.D.</b>			22b. ADDRESS <b>CAMDENTON MISSOURI</b>		22c. DATE SIGNED <b>12-4-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parrack Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Camden County, Missouri</b>		
24. FUNERAL DIRECTOR <b>Walter P. Hedges</b> Hedges Funeral Home, <b>Camdenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 4 - 1959</b>	26. REGISTRAR'S SIGNATURE <b>Alda Eldred</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 9 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*Walter P. H.*

Licensed Embalmer No. 4265

P. O. Address Iberia, Mi

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.