

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**-60-041492**

**FILED VS NOV 21 1960/00**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 91

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Dent</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salem</b>		Length of stay in 1b <b>18 mo.</b>		c. CITY OR TOWN <b>Salem</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>401 West E Street</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>401 West E Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>BERNARD</b> Last <b>HAMMER</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>13</b> Year <b>1960</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>5/3/1894</b>		9. AGE (last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prison Guard</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Prison</b>		11. BIRTHPLACE (City and state or country) <b>Corley, W. Va.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>George S. Hammer</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Kaldrider</b>			14. NAME OF HUSBAND OR WIFE <b>Tilda Belew Hammer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>496-20-8867</b>		17. INFORMANT <b>Tilda Hammer</b>			Address <b>Salem, 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>COCONARY TUBERCULOSIS</b> DUE TO (b) <b>CHRONIC PNEUMONIA &amp; DISEASE UNKNOWN</b> DUE TO (c) <b>ARTERIOSCLEROSIS WITH HYPERTENSION</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>PARKINSON'S DISEASE</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b>		
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.) <b>716759</b>		20f. CITY, TOWN, OR LOCATION <b>715160</b>		COUNTY _____		STATE _____	
21. I attended the deceased from _____ to _____ and last saw him alive on <b>7/5/60</b>				Death occurred at <b>40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L.F. HUNT</b> (Degree or title)				22b. ADDRESS <b>162 SALEM, MO.</b>		22c. DATE SIGNED <b>11/16/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/16/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Salem, Missouri</b> (State)			
24. FUNERAL DIRECTOR <b>Max E. Weyer</b> ADDRESS <b>Salem, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11/16/60</b>		26. REGISTRAR'S SIGNATURE <b>M. M. Hart, M.D. aka</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 James E. Kurtright, Student Embalmer No. 611

working under my personal supervision.

Student James E. Kurtright  
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem

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.