

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025876

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 80

AMENDED

LED JUL 24 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		c. CITY OR TOWN Dardenne	
Length of stay in 1b 20 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp.		d. STREET ADDRESS (If outside, give location) RR #2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Clara Middle Francis Last Hemmer			4. DATE OF DEATH Month July Day 22 Year 1961		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/15/1918	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 10 Days 8	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and state or country) Gilbertville, Mass.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Albert Brunell	13b. MOTHER'S MAIDEN NAME Sara McSweeney	14. NAME OF HUSBAND OR WIFE Reginald Hemmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Reginald Hemmer, O'Fallon, Mo.	Address RR #2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION + DEBILITATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA LIVER		8 mos.
DUE TO (c) PRIMARY CARCINOMA SIGMOID COLON		

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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 Wentzville, Mo	COUNTY STATE
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21. I attended the deceased from 4-28-57 to 7-21-61 and last saw her alive on 7/21/61
Death occurred at 3:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Warren B. Hamilton, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Wentzville, Mo</i>	22c. DATE SIGNED <i>7/22/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/25/1961	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) (State) Dardenne, Missouri
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24. FUNERAL DIRECTOR T.E. Pitman, Wentzville, Missouri	909 ADDRESS Pitman Ave.	25. DATE RECD. BY LOCAL REG. 7-22-1961	26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 19 1961

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

Howard O. Kessler

Licensed Embalmer No.

4631

P.O. Address

Wentzville,

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.