

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 30

**FILED FEB 10 1962**

1. PLACE OF DEATH  
 a. COUNTY **CLAY**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **GLADSTONE** Length of stay in 1b **2 1/2 yrs**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **2205 E. 58TH ST. TERR. N.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO.** b. COUNTY **CLAY**  
 c. CITY OR TOWN **GLADSTONE** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2205 E. 58TH TERR. N.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **OSCAR T. HAMMERS** 4. DATE OF DEATH Month Day Year **2-11-1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-12-1900** 9. AGE (last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED MINISTRY** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **MONTREAL, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **THEODORE C. HAMMERS** 13b. MOTHER'S MAIDEN NAME **THEODOCIA COPPER** 14. NAME OF HUSBAND OR WIFE **LEONA B. HAMMERS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO.** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **MRS. LEONA HAMMERS 2205 E 58TH terr. N.**

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cachexia and Anemia** INTERVAL BETWEEN ONSET AND DEATH **1 month**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Carcinoma of the prostate gland metastatic 1 year.**  
 DUE TO (c)  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 1961** to **Jan February 11, 1962** and last saw him alive of **Feb 3, 1962**  
 Death occurred at **488** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John B. Witham M.D.** 22b. ADDRESS **5140 Antioch Rd. K.C. Mo.** 22c. DATE SIGNED **2-12-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-13-1962** 23c. NAME OF CEMETERY OR CREMATORY **White Chapel Cem.** 23d. LOCATION (City, town, or county) (State) **Gladstone Mo.**

24. FUNERAL DIRECTOR ADDRESS **D.W. NEWCOMER'S SONS N.K.C.MO.** 25. DATE RECD. BY LOCAL REG. **2-12-62** 26. REGISTRAR'S SIGNATURE **Marguerite Hudgens**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 BY AFFIDAVIT OF

DOCUMENT  
 MEDICAL CERTIFICATION

*Dr. Watson*

APR 6 1962

MAR 15 1962

**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 *John H. Kalsbeek*  
Licensed Embalmer No. *4949*

P. O. Address *No Kansas Co*

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.