

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010188

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 10

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 1141

2 1140x

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9491X

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86-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. FILL IN MAR 15 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>WRIGHT</u>		a. STATE <u>MO.</u>	b. COUNTY <u>WRIGHT</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MTN. GROVE</u>		Length of stay in lb <u>3 MONTHS</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MTN. GROVE RESTHOM</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.T. 4</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWIN WESLEY HAMMER</u>		4. DATE OF DEATH Month Day Year <u>3 - 3 - 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>AW</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME <u>ALBERTUS HAMMER</u>		11b. MOTHER'S MAIDEN NAME <u>NELLIE EFFIE PIERCE</u>	11c. NAME OF HUSBAND OR WIFE <u>BEULAH 'M' SKINNEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT Address <u>BEULAH HAMMER MTN. GROVE</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH:
IMMEDIATE CAUSE (a) <u>MODULARY PARALYSIS</u>			
DUE TO (b) <u>Acute Pulmonary Edema & Sepsis</u>			
DUE TO (c) <u>Bronchial Pneumonia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH. but not related to the terminal disease condition given in PART I (e) <u>ARTERIOSCLEROSIS</u>			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 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 <u>3-1-63</u> to <u>3-3-63</u> and last saw him alive on <u>3-3-63</u>			
Death occurred at <u>8 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Richard S. Mitchem DO</u>		22b. ADDRESS <u>Mtn Grove, Mo</u>	22c. DATE SIGNED <u>3-11-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HICKORY RIDGE</u>	23d. LOCATION (City, town, or county) (State) <u>TEXAS Co MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BARBER MTN. GROVE</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-1963</u>	26. REGISTRAR'S SIGNATURE <u>Bernard Silverman</u>

MAR 29 1963
MAR 18 1963
MAY 28 1963

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 *R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.