

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035897

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 244

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

3 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

118 Grand River St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY

OR

TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

118 Grand River St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Clint

Hammer

4. DATE

OF

DEATH

Month

Day

Year

9

28

63

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-12-81

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

Griffin wheel

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Hammer

13b. MOTHER'S MAIDEN NAME

Hattie Hollingsworth

14. NAME OF HUSBAND OR WIFE

Hattie Lee Hammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO NONE

16. SOCIAL SECURITY NO.

510-05-9941

17. INFORMANT

Hattie Lee Hammer (Home)

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Natural Cause.

INTERVAL BETWEEN ONSET AND DEATH

Immediate.

DUE TO (b)

Acute Myocardial Infarction

DUE TO (c)

(Probable)

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

a.m.

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 unattended to

and last saw her

him alive on

Death occurred at

7

m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE

Richard H. King M.D.

(Degree or title)

Henry County Coroner

22b. ADDRESS

106 S. 3rd Clinton Mo.

22c. DATE SIGNED

9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Remove

23b. DATE

9-28-63

23c. NAME OF CEMETERY OR CREMATORY

Fosteria, Kansas

23d. LOCATION (City, town, or county)

Fosteria, Kansas

24. FUNERAL DIRECTOR

H. Simmons

ADDRESS

H.C.K.

25. DATE RECD. BY LOCAL REG.

SEPT, 30, 63

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

3

4 0

5 1

6

7 1

8

9 201

10

11

12 90-3

13 1-0

1961
OCT 9 6 100

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

Donan K. James

Licensed Embalmer No. 4828

P. O. Address K. C. K.

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.

Permit Obtained 9-30-63 (1713)