

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23644

S. No. 300
v. 10.48

BIRTHED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 30

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Way Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--</u>	
		d. STREET ADDRESS (If rural, give location) <u>RFD 2</u>	

3. NAME OF DECEASED (Type or Print) <u>MAUDE</u>	a. (First)	b. (Middle) <u>C.</u>	c. (Last) <u>HAMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-29-1876</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>76</u> <u>10</u> <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shop Owner, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Novelty Store</u>	11. BIRTHPLACE (State or foreign country) <u>Logan County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William David Duff</u>	13b. MOTHER'S MAIDEN NAME <u>Emeline Larrison</u>	14. NAME OF HUSBAND OR WIFE <u>Douglas Hamer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. D. Duff</u> ADDRESS <u>RFD 2 Centralia, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Personally Shuntone</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12-15, 1951 to 8-3, 1952 that I last saw the deceased alive on 8-3, 1952 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Roberts</u> (Degree or title) <u>also</u>	23b. ADDRESS <u>Centralia, Mo.</u>	23c. DATE SIGNED <u>8-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation & ...</u>	24b. DATE <u>8-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 4-1952</u>	REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. P. ...</u> ADDRESS <u>Centralia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1957

JAN 15 1957

AUG 13 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Bill J. Meador

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.