

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34087

State File No. ....

S. No. 300  
V. 10.48

WED OCT 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> <u>0013</u>	
c. LENGTH OF STAY (in this place) <u>345.7 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>901 E. ORCHARD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY NURSING HOME #2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLEN</u>	b. (Middle)	c. (Last) <u>HAMMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-52</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>JULY 29 1864</u>	9. AGE (In years last birthday) <u>88</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ANDREW COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH THOMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>W. MITCHELL</u>	14. NAME OF HUSBAND OR WIFE <u>ELISHA O HAMMER</u>
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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)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. J. Hammer</u> ADDRESS <u>112 W. Hickory</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10-14-52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metabolic Acidosis Nephrotic</u>		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal Failure (Uremia)</u> DUE TO (c) <u>Chronic Nephrosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive Vascular Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>446X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 10-16, 1952 to 10-19, 1952 that I last saw the deceased alive on 10-19, 1952, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. Brune</u>	23b. ADDRESS <u>No. 1002 Walnut, Kirksville, Mo.</u>	23c. DATE SIGNED <u>10-19-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Fall</u>	24d. LOCATION (City, town, or county) (State) <u>Mc Fall MO</u>
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DATE REC'D BY LOCAL REG. <u>10-19-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Steing</u> ADDRESS <u>Carroll</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

801 34

**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 .....  
Student Embalmer

Signed *Charles V. Greening* \_\_\_\_\_

Licensed Embalmer No. *4625* \_\_\_\_\_

P. O. Address. *Clarence 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 this body is not embalmed, fact should be so stated above.