

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20018**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG.-DIST. NO. **3057** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. LENGTH OF STAY (in this place) 68 years	c. CITY OR TOWN Richmond
d. FULL NAME OF HOSPITAL OR INSTITUTION 245 South Institute		e. STREET ADDRESS (If rural, give location) 245 South Institute	

3. NAME OF DECEASED a. (First) Ralph		b. (Middle) Oliver		c. (Last) Hamacher		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1885	9. AGE (In years last birthday) 68	10. MONTHS 9	11. DAYS 28	12. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 1 HOUR <input type="checkbox"/> IF UNDER 1 MIN. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Accountancy		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Oliver Hamcaher		13b. MOTHER'S MAIDEN NAME Sarah McMarty		14. NAME OF HUSBAND OR WIFE May F. Hamacher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-07-3067		17. INFORMANT'S SIGNATURE OR NAME Mrs. May Hamacher, Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) self inflicted		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Ray Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-21-54-5A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Graber (Degree or title) Coroner		23b. ADDRESS Richmond Mo		23c. DATE SIGNED 6-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
24d. LOCATION (City, town, or county) (State) Richmond, Missouri					

DATE REC'D BY LOCAL REG. June 23-1954		REGISTRAR'S SIGNATURE Mabel Johnson		25. FUNERAL DIRECTOR'S SIGNATURE 2435-1/2 E. Euclid Home ADDRESS Richmond, Missouri per schedule	
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(Licensed Embalmer's Statement on Reverse Side)

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

Can be made by 1/23/54

Wed 24 June

AUG 16 1954

AUG 4 1954

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, [Signature] Licensed Embalmer No. 406

P. O. Address [Signature]

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.