

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35283**

0329

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4172 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stewartsville, Rural		c. CITY OR TOWN Stewartsville	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 2320	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) EDITH c. (Last) HAMANN			4. DATE OF DEATH (Month) (Day) (Year) 10/26/57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/17/1881
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James S. McCartney		13b. MOTHER'S MAIDEN NAME Mary C. Brown	14. NAME OF HUSBAND OR WIFE Henry E. Hamann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Henry E. Hamann, Stewartsville, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? 4201	
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)		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?	
22. I hereby certify that I attended the deceased from <u>10/28</u> , 19 <u>57</u> , to <u>10-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10-26</u> , 1957, and that death occurred at <u>12:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE E. J. Disney (Degree or title) Dr.		23b. ADDRESS Stewartsville, Mo.	
23c. DATE SIGNED 10-27-57		23d. DATE OF OPERATION	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/57	
24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		24d. LOCATION (City, town, or county) (State) Dekalb Co. Mo.	
DATE REC'D BY LOCAL REG. 10-31-57		REGISTRAR'S SIGNATURE Roscoe R. ...	
25. FUNERAL DIRECTOR'S SIGNATURE W. R. Hummerfield		ADDRESS Stewartsville, Mo.	

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

32-0

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 *W. E. Summerfield*
.....⁵.....

Licensed Embalmer No. 3007.....

P. O. Address *Stewardsville*.....

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.