

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. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 245 South Institute		e. STREET ADDRESS (If rural, give location) 245 South Institute	

3. NAME OF DECEASED (Type or Print)	a. (First) Ralph	b. (Middle) Oliver	c. (Last) Hamacher	4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954
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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	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 18 Hrs. Hours Min.
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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
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13a. FATHER'S NAME Oliver Hamacher	13b. MOTHER'S MAIDEN NAME Sarah McMarty	14. NAME OF HUSBAND OR WIFE Mary F. Hamacher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. May Hamacher, Richmond, Mo.	ADDRESS Richmond, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., to 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	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 5:18, to 5:15A, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. R. Baber	23b. ADDRESS Richmond Mo	23c. DATE SIGNED 6-22-54
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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
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DATE REC'D BY LOCAL REG. June 23-1954	REGISTRAR'S SIGNATURE Mabel Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Maest-Like Emanuel Home	ADDRESS Richmond, Missouri per Paul Duke
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(Licensed Embalmer's Statement on Reverse Side)

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

Can be used for 1954

Wed 20 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, *[Handwritten Signature]*

Licensed Embalmer No. 406

P. O. Address *[Handwritten 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.