

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40030**

State File No. ....

BIRTH NO. **FILED DEC 15 1953** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **93**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Ray</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b> <b>0891</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b> <b>0</b>	
c. LENGTH OF STAY (in this place) <b>78 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Highway 13</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 13</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>JOSEPH ROY HAMNER</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>December 5, 1953</b>		
a. (First)		b. (Middle)		c. (Last)	

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 15, 1875</b>	<b>9. AGE</b> (In years last birthday) <b>78</b>	<b>10. UNDER 1 YEAR</b> Months	<b>11. UNDER 1 HR.</b> Days	<b>12. UNDER 1 MIN.</b> Hours	<b>13. UNDER 1 MIN.</b> Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired restaurateur</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Restaurant</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ray County, Mo.</b> <b>0</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
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<b>13a. FATHER'S NAME</b> <b>Joseph Hamner</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucy Gentry</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emma Reyburn Hamner</b>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Emma R. Hamner, Richmond, Mo.</b>			
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia</b>			
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Cerebral vascular hemorrhage</b>  DUE TO (c) <b>Arteriosclerosis &amp; Hypertension</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>331X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Oct. 30, 1951, to Dec. 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 12:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>H. H. Johnson, M.D.</b>	<b>23b. ADDRESS</b> <b>Richmond, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12/7/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Dec. 7, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunny Slope Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Richmond, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Dec 10 - 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Malcolm Jackson</b> <b>273</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Thurman Funeral Home</b> <b>by Edward Thurman</b> <b>Richmond, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

10-300  
10-48

DEC 18 1953  
FEB 16 1954

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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, W. L. Thurman

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.