

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4687

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>	
b. CITY OR TOWN <u>GLASGOW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLASGOW MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GLASGOW MO</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>DAMMA</u> c. (Last) <u>DAMMA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 15 1950</u>	
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>SEPT. 27, 1891</u>		9. AGE (To years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SECTION FOREMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>				11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>HERMAN DAMMA</u>				13b. MOTHER'S MAIDEN NAME <u>MARY OCHS</u>				14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>709-12-1270</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Damma</u>				ADDRESS <u>Gilman</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corony occlusion</u>						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) <u>Arteriosclerosis</u>						8 yrs	
		DUE TO (c) <u>Diabetes mellitus</u>						8 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (m.)		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 Feb 14, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Saw E. Rando M.D.</u>		23b. ADDRESS <u>Glasgow Mo.</u>		23c. DATE SIGNED <u>Feb. 15 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial FEB 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cem. Saline County Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
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DATE RECD BY LOCAL REG. <u>Feb 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker Audsley</u>		ADDRESS <u>Ferremouth, Glasgow</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0450
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RECEIVED MAR 8

District Health Officer No. 8.

District File Number

Date Filed 3-8-1950

MAY 3 1950

STATEMENT BY LICENSED EMBALMER

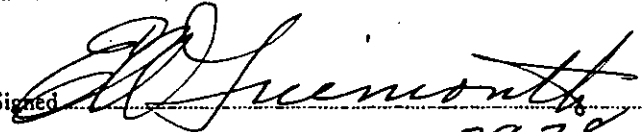
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3978

P. O. Address

Glasgow, 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.