

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

686

State File No.

FILED FEB 3 1958

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Boonville</u>		c. CITY OR TOWN <u>William</u>	d. Is 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) <u>6 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi east of William</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Herman</u> c. (Last) <u>DAMMA</u>			4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>17</u> (Year) <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1889</u>	9. AGE (In years) <u>68</u> if UNDER 1 YEAR last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Glasgow Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Herman Damma</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ochs</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>not available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vincent Selmeys</u> ADDRESS <u>Glasgow Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BACTERIAL ENDOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>> 7 MONTHS</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (c) <u>YEARS</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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) <u>4300</u> (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 12/6, 1957, to 1/17, 1958, that I last saw the deceased alive on 1/17, 1958, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Hooper, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>209 Main St., Boonville, Mo.</u>		23c. DATE SIGNED <u>1/20/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>	
24d. LOCATION (City, town, or county) <u>William</u>		24e. LOCATION (City, town, or county) <u>William</u>		24f. LOCATION (City, town, or county) <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-26-58</u>		REGISTRAR'S SIGNATURE <u>L. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Audley - Fremont</u> ADDRESS <u>Glasgow Mo.</u>	
---	--	--	--	---	--

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

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 *Edw. Guemonth*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.