

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11885**
Registrar's No. **114**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 315 Ash St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 Ash St.				d. STREET ADDRESS (If rural, give location) 315 Ash St.			
3. NAME OF DECEASED (Type or Print) Elizabeth Gertude Goldammer			4. DATE OF DEATH May 3, 1949			5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23 1890		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR 0 MONTHS 10 DAYS IF UNDER 24 HRS. 0 HOURS 10 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Callaway Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jessie B. Farmer		13b. MOTHER'S MAIDEN NAME Sally Evans		14. NAME OF HUSBAND OR WIFE Paul Goldammer			
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 Paul Goldammer Jefferson City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of the rt. groin				INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)		4201	
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 March 10, 1949 , to May 3, 1949 , that I last saw the deceased alive on April 30, 1949 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Kanagawa MD (Degree or title)				23b. ADDRESS 1 Dullmeier Bldg.		23c. DATE SIGNED 5/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-49		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. May 4-1949		REGISTRAR'S SIGNATURE R.P. Dennis MD - JR.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher		ADDRESS Jefferson City Mo	

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

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5
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 10 1949

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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, or by _____

Student Embalmer No. 3, 315

working under my personal supervision.

Guy A. Shelton

Signed

Bill Branson
Student Embalmer

Signed

Victor Buscher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City 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.