

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13332

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>7 2 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		6 4 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>900 E. Broadway</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph Curtis DAMRILL</u>			a. (First) <u>Joseph</u> b. (Middle) <u>Curtis</u> c. (Last) <u>DAMRILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 4, 1880</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) UNDER 1 YEAR Months Days Hours Min. <u>68 4 20</u>	
11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			
13a. FATHER'S NAME <u>Berry Damrill</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Callendar</u>			14. NAME OF HUSBAND OR WIFE <u>Daisy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>702-16-1597</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Jems</u>		ADDRESS <u>Sedalia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary embolism</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION <u>here</u>		19b. MAJOR FINDINGS OF OPERATION <u>1501</u> <u>4/20/1</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> , to <u>May 1, 1949</u> , that I last saw the deceased alive on <u>May 1, 1949</u> , and that death occurred at <u>8:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Donald Stauffer MD</u>				23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>5/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-3-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M<sup>c</sup>Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

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

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mo

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-9-49

MAY 10 1949

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.

Signed K.P.M. Crary

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Sedale, 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.