

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26643

State File No.

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 85

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pittsburg</u> <u>8150</u> | |
| c. LENGTH OF STAY (In this place) <u>Unknown</u> | | d. STREET ADDRESS (If rural, give location) <u>401 S Elm Pittsburg</u> <u>8</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center Township, Hwy 66(near)</u> | | | |

| | | | | | | |
|---|-------------------------------|---|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Damrill</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 17 1950</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>March 3, 1908</u> | 9. AGE (In years last birthday) <u>42</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner Optical Laboratory</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Optical Lab</u> | | 11. BIRTHPLACE (State or foreign country) <u>Greene Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Bill Damrill</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Evelyn Damrill</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Evelyn Damrill, Pittsburg, Kans.</u> | |

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>here</u> | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | <u>Inst.</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>42.01</u> | |
| 19a. DATE OF OPERATION <u>here</u> | | 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 building, etc.) <u>County Road</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Greene Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-17-50</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased DEAD on 8-17 1950, and that death occurred at 12:30A m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Randolph Dale</u> | | 23b. ADDRESS <u>3 Corner Springfield, Mo.</u> | | 23c. DATE SIGNED <u>8-17-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Aug. 19, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg, Kansas</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Kansas</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeizer, Springfield, Mo.</u> | | | |

| | | | | | |
|--|--|---|--|--|--|
| DATE RECD BY LOCAL REG. <u>8/18/50</u> | | REGISTRAR'S SIGNATURE <u>Jane H. Wilson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeizer, Springfield, Mo.</u> | |
|--|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office,

County File Number 50-8 39

Date Filed 8-21-50

AUG 28 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.

Signed

Lee Mason

Signed.....

Student Embalmer

Licensed Embalmer No.

456 D

P. O. Address

Springfield

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.