

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34240**

730

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>		
b. CITY OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>12 YRS</u>	c. CITY OR TOWN <u>Neosho</u>		d. STREET ADDRESS (If rural, give location) <u>R#3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home R.#3</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED a. (First) <u>KARI</u> b. (Middle) <u>DAMMA</u> c. (Last) <u>DAMMA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 21-1950</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>7-9-18-72</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL DAMMA</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Damma</u> ADDRESS <u>Neosho R#3</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DISEASE OF CORONARY ARTERIES AND CHRONIC AFFECTIONS OF THE VALVES.</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>		
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) <u>/</u>		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) _____		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>4-3-</u> , 19 <u>48</u> , to <u>10-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>50</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Warren M. Jones</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>10-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 24 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho. MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Walter C. Borrmann</u> <u>223</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u> ADDRESS <u>Neosho, Mo.</u>		

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
 District File Number 1150-237
 Date Filed 11/6/50

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 H. R. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.