

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Edwards Springs, Mo.</u>		c. CITY OR TOWN <u>Edwards Springs, Mo. - Box 200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 5.</u>	

3. NAME OF DECEASED a. (First) <u>G V Y</u> b. (Middle) <u>B.</u> c. (Last) <u>BAMMON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1953</u>		
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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>11-12-1906</u>	9. AGE (In years) (If under 1 year, give in days) (If under 1 year, give in months) (If under 1 year, give in hours) (If under 1 year, give in minutes) <u>46</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>mechanist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>westinghouse</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Jackson Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Ray D. Bammon</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Berg</u>	14. NAME OF HUSBAND OR WIFE <u>Deloris Bammon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year dates of service) <u>World War II 490-09-7000</u>	16. SOCIAL SECURITY NO. <u>490-09-7000</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Deloris Bammon</u> ADDRESS <u>Edwards Springs</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 25 June 1953, to 28 June 1953, that I last saw the deceased alive on 27 June 1953, and that death occurred at 2:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. D. Edwards</u> (Degree or title)	23b. ADDRESS <u>Edwards Springs, Mo.</u>	23c. DATE SIGNED <u>30 June 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edwards Springs</u>	24d. LOCATION (City, town, or County) (State) <u>Edwards Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 30, 1953</u>	REGISTRAR'S SIGNATURE <u>George W. Nofels</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Edwards Springs</u> ADDRESS
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411200 (Licensed Embalmer's Signature on Reverse Side)

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

300
48

JUL 8 1953

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

Floyd E. Cauffman

Licensed Embalmer No. *4419*

P. O. Address *El Paso, Tex*

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.