

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5839

State File No.

FILED MAR 15 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Unionville</u>		c. LENGTH OF STAY (in this place township) <u>4 Hours</u>		c. CITY OR TOWN <u>Powersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Monroe Hospital 0</u>				e. STREET ADDRESS (If rural, give location) <u>York Township 10860</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u> b. (Middle) <u>Winford</u> c. (Last) <u>Doman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4 1955</u>				
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 1 1881</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>73 11 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Henry Doman</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Dillon</u>		14. NAME OF HUSBAND OR WIFE <u>Gertie Alice Doman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Millard Doman Jr., Powersville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 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) <u>Chronic myocarditis</u> DUE TO (c) <u>Oral sepsis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>10 yrs</u> <u>20 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>538X</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) _____		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>3-2</u> , 19 <u>55</u> , to <u>3-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>55</u> , and that death occurred at <u>3:00a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. McDonald</u> (Degree or title) <u>Do 2</u>			23b. ADDRESS <u>Unionville Mo</u>			23c. DATE SIGNED <u>3-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 7 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Medicine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne County Iowa</u>		
DATE REC'D BY LOCAL REG. <u>3-12-55</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock Funeral Home, Unionville, Mo.</u>			

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
Signature of Student Embalmer

Signed *John N. Comstock*
Licensed Embalmer No. *388*

P. O. Address *Cherryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.