

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

686

State File No.

FILED FEB 3 1958

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>6 wks.</u>		c. CITY OR TOWN <u>William</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi east of William</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Herman</u> c. (Last) <u>DAMMA</u>				4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>17</u> (Year) <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 10, 1889</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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Glasgow Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Herman Damma</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ochs</u>		15. NAME OF HUSBAND OR WIFE _____	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>not available</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vincent Selimyeu</u> ADDRESS <u>Glasgow 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BACTERIAL ENDOCARDITIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>> 1 MONTH</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 <u>ARTERIOSCLEROTIC HEART DISEASE WITH PAST INFARCTION</u> 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 ☒ NO ☐		4300	
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. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>12/6</u> , 19 <u>57</u> , to <u>1/17</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1/17</u> , 19 <u>58</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. H. H. H.</u> (Degree or title) _____		23b. ADDRESS <u>229 Main St., Boonville, Mo.</u>		23c. DATE SIGNED <u>1/20/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>		24d. LOCATION (City, town, or county) (State) <u>William Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-58</u>		REGISTRAR'S SIGNATURE <u>L. H. H. H.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Andersley - Freemont</u> ADDRESS <u>Glasgow Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. J. Williams

Licensed Embalmer No. 347

P. O. Address Glasgow

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.

1st this body is not embalmed, fact should be so stated above.