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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-031486
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 347 Primary Registration District No. 6156 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN James — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stone
c. CITY OR TOWN Reeds Spring — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Mo. (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Walter Middle Carl Last Dahms
4. DATE OF DEATH Month Aug Day 5 Year 1958
5. SEX M
6. COLOR OR RACE Wh.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 12-1859
9. AGE (In years last birthday) 98 — IF UNDER 1 YEAR Months 10 Days 23 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Maintainer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Washington
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Dahms
13b. MOTHER'S MAIDEN NAME Amelia Ebersean
14. NAME OF HUSBAND OR WIFE Lea Dahms
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 500-09-5451
17. INFORMANT Mrs Lea Dahms — Address Reeds Spring Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____
DUE TO (c) ____ 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 26-58 to Aug 5-1958 and last saw her/him alive on July 26 '58.
Death occurred at 11 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred L. Wommack (Degree or title) M.D. — 22b. ADDRESS Crane, Mo. — 22c. DATE SIGNED Aug. 8, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Aug 9-1958 — 23c. NAME OF CEMETERY OR CREMATORY Nickerson — 23d. LOCATION (City, town, or county) (State) Reeds Spring - Mo.

24. FUNERAL DIRECTOR Everett L. Cheatham — ADDRESS Galena Mo — 25. DATE RECD. BY LOCAL REG. Aug. 8-1958 — 26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Brosman
(Licensed Embalmer's Statement on Reverse Side) per Lena Murray

Doctor, coroner, etc. must use only standard nomenclature in the specific manner required by 193.140 MoRS 1949.
All diseases in Part I must be causally related.

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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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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