

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039694

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 956

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor 0900 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Length of stay in lb 8 Mo.		d. STREET ADDRESS (If outside, give location) R.F.D #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Thomas Lynn Dampier		4. DATE OF DEATH Month Day Year Dec. 5, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-5-1878
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Rt. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Myers, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Dampier		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Bowen Elizabeth Zibbe	
14. NAME OF HUSBAND OR WIFE		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. 262-34-4179		17. INFORMANT Address Mrs. Walter Marshall Windsor, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, Marked Anemia and Generalized Carcinomatosis DUE TO (b) Carcinoma of Prostate DUE TO (c) 8 mo's xx PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 2 mo's x 8 mo's xx	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5-12-58 to 12-5-58 and last saw her alive on 12-5-58 Death occurred at 3:05 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gaude M. Shurber, M.D.		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED, 12-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-7-1958	
23c. NAME OF CEMETERY OR CREMATORY Wauchula		23d. LOCATION (City, town, or county) (State) Wauchula, Florida	
24. FUNERAL DIRECTOR ADDRESS Ellis Huston Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 12-10-58	
26. REGISTRAR'S SIGNATURE Thelma Bigum			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 5 1959

VS FEB 21 1967

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

Clifford Gouge

Licensed Embalmer No. *5014*

P. O. Address *Windsor, 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.