

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018754
STATE FILE NUMBER

FILED JUN 2 1959

Registration District No. 291 Primary Registration District No. Registrar's No. 34

300
1-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Powersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Powersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 73 Years	STREET ADDRESS (If outside, give location) 0868 o
3. NAME OF DECEASED (Type or print) First Middle Last Gertie Alice Doman			4. DATE OF DEATH Month Day Year May 22 1959
5. SEX Male o	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) Daviness County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Lock		13b. MOTHER'S MAIDEN NAME Cordelia Kelso	14. NAME OF HUSBAND OR WIFE Millard W. Doman
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. 498-40-5460	17. INFORMANT Address Millard Doman Powersville, 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) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Coronary Occlusion</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261			INTERVAL BETWEEN ONSET AND DEATH
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 WORK <input type="checkbox"/> 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 <u>Mar. 1932</u> , to <u>May 22 1959</u> and last saw her alive on <u>5-9-59</u> Death occurred at <u>3:00 P.</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. W. McDonald D.D.</u> (Degree or title)		22b. ADDRESS Unionville, Mo.	22c. DATE SIGNED 5-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26 1959	23c. NAME OF CEMETERY OR CREMATORY Medicine Cemetery	23d. LOCATION (City, town, or county) (State) Wayne County, Iowa
24. FUNERAL DIRECTOR ADDRESS BY <u>J. W. Comstock</u> Comstock Funeral Home Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 5-27-59	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James W. Comstock*

Licensed Embalmer No. *4197*

P. O. Address *Unionville, N*

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.