URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-039644

STATE FILE NUMBER

FILED VS DEC 14 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1326

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 13 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Memorial — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo' b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 624 Garfield St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EXCELL Middle Last DAMPHER
4. DATE OF DEATH Month Dec' Day 5 Year 1959
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 3 1910
9. AGE (last birthday) 49
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Barber Shop
11. BIRTHPLACE (City and state or country) Mobile Ala'
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Dampher
13b. MOTHER'S MAIDEN NAME Annie Everett
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2
16. SOCIAL SECURITY NO.
17. INFORMANT Royce Dampher Address 624 Garfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1958, to 12/5/59 and last saw ~~him~~ him alive on 12/4/59
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lyman D. Brown M.D.
22b. ADDRESS 311½ College
22c. DATE SIGNED 12/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec'9 1959
23c. NAME OF CEMETERY OR CREMATORY National Cem'
23d. LOCATION (City, town, or county) Springfield (State) Mo'

24. FUNERAL DIRECTOR H. V Smith ADDRESS 602 N Jefferson St.
25. DATE RECD. BY LOCAL REG. 12-8-59
26. REGISTRAR'S SIGNATURE Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS DEC 17 1959

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 Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.