

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010343

FILED VS MAR 28 1960

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 103

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Russellville</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Russellville</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Marie</u> Middle <u>Ann</u> Last <u>Dampf</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 14 1987</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Tracy, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						

13a. FATHER'S NAME <u>George Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Schubert</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Dampf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Warren Dampf</u> Address <u>Jefferson City</u>	

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>Myocardial Infarction acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
DUE TO (b) <u>Arteriosclerotic Cardior Vasculer Disease</u>			
DUE TO (c) _____			<u>5 yrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 3-20-60 to 3-24-60 and last saw her alive on 3-24-60
Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. B. Fleber M.D.</u>		22b. ADDRESS <u>712 W High Jefferson City Mo</u>		22c. DATE SIGNED <u>3-25-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>3-27-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Russellville, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Schubert funeral home Russellville</u>		25. DATE RECD. BY LOCAL REG. <u>25 March 1960</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Norris MD</u>	

(Survivor) Versailles Mo.

(Licensed Embalmer's Statement on Reverse Side)

Rep.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1960 SA

STATEMENT BY LICENSED EMBALMER

MAR 31 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James K. Scramin

Licensed Embalmer No. 4860

P. O. Address Venault, M

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.