

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001351

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

30

STATE FILE NUMBER

AMENDED

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Clinton

Length of stay in 1b

Few Hrs;

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Wetzels Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Clair

c. CITY

OR
TOWN Lowry City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Gustav

Middle

B. Domann

Last

4. DATE

Month

Day

Year

OF

DEATH

Jan; 25, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/3/1907 54

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Doctor

10b. KIND OF BUSINESS OR INDUSTRY

Medicine

11. BIRTHPLACE (City and state or country)

Herrington Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ernst Domann

13b. MOTHER'S MAIDEN NAME

Helena Schubert

14. NAME OF HUSBAND OR WIFE

Annie Domann

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.

17. INFORMANT

Address

Anna Domann, Lowry City 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)

Toxic Coma

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

acute hepatic insufficiency

hours

DUE TO (c)

Chronic Portal Cirrhosis

months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Influenza; uremia

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.

Month, Day, Year

p.m.

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 1955 to 1/25/62 and last saw her alive on 1/25/62

Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Gus S. Wetzels

(Degree or title)

D.O.

22b. ADDRESS

Clinton Missouri

22c. DATE SIGNED

1/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/28/62

23c. NAME OF CEMETERY OR CREMATORY

Lowry City

23d. LOCATION (City, town, or county)

Lowry City Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 29-1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum By M.A.

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1962

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy 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.