

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31306**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>333</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>45 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		80	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 East 7th St.</u>				d. STREET ADDRESS (If rural, give location) <u>423 East 7th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u>		b. (Middle) <u>C.</u>		c. (Last) <u>DAMON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 19, 1881</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General labor</u>			11. BIRTHPLACE (State or foreign country) <u>County unknown, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Carolyn Baker, 423 E. 7th St. Sedalia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of the Leach</u>  ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last... <u>Due to (b) Acute Atherosclerosis, Myocarditis</u>  DUE TO (c) <u>Cardiac Asthma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>  <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-3</u> , 19 <u>49</u> , to <u>10-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>49</u> , and that death occurred at <u>10:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank G. Young M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>10-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D. BY LOCAL REG. <u>10/4/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>251</u> <u>Wm. E. ...</u>		ADDRESS <u>Sedalia, Mo.</u>	

RECEIVED OCT 10  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10-12-49

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 .....  
Student Embalmer

Signed Warren K Dietz

Licensed Embalmer No. 4583

P. O. Address Idalia, 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 this body is not embalmed, fact should be so stated above.