

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29837**

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **4142** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) W.	c. (Last) Dampf	4. DATE OF DEATH (Month) (Day) (Year)
				9 12- 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-29-1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11	IF UNDER 4 HRS. Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) Russellville, Mo	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Peter Dampf	13b. MOTHER'S MAIDEN NAME Elizabeth Schmidt	14. NAME OF HUSBAND OR WIFE Mamie Schneider Dampf
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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. 486-22-6377	17. INFORMANT'S SIGNATURE OR NAME Mamie Dampf- Russellville, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Aneurysm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (b) Crown Aneurysm DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4/201

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 14, 1940**, to **Apr 12, 1951**, that I last saw the deceased alive on **Apr 12, 1951**, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Schuber D. O. P.	23b. ADDRESS Russellville, Mo	23c. DATE SIGNED 9/15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-15-51	24c. NAME OF CEMETERY OR CREMATORY Trinity Ev. Lutheran	24d. LOCATION (City, town, or county) (State) Russellville, Mo
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DATE REC'D BY LOCAL REG. Sept. 15	REGISTRAR'S SIGNATURE Mrs. Mimi Nittermeyer	25. FUNERAL DIRECTOR'S SIGNATURE H. G. Schuber ADDRESS Russellville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

9-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-20-51

SEP 26 1951

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 Hugh Kleber

Licensed Embalmer No. 2820

P. O. Address Russellville

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.