

40
No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9424

State File No.

FILED APR 15 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 12

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> | |
| c. LENGTH OF STAY (in this place) <u>77 Yrs.</u> | | 0640 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ----- | | d. STREET ADDRESS (If rural, give location) <u>602 W. New</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Christian</u> c. (Last) <u>Daume</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 16th 1954</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Aug. 7th 1876</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 1 YEAR Days <u>16</u> | IF UNDER 12 HRS. Hours <u>16</u> | IF UNDER 12 HRS. Mins. <u>00</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>City Police</u> | 11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Adam Daume</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Louise Hartman</u> | 14. NAME OF HUSBAND OR WIFE |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-38-5932</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Hayden, Palmyra, Mo.</u> | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>within</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 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 Feb, 1954, to 15 March, 1954, that I last saw the deceased alive on 15 March, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Wynell Hamilton M.D.</u> | 23b. ADDRESS <u>Palmyra Mo.</u> | 23c. DATE SIGNED <u>23 March 1954</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/18/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/23/54</u> | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Sprague</u> | ADDRESS <u>Palmyra Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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

P. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.