

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 9 - 1956 STANDARD CERTIFICATE OF DEATH

State File No. **8668**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5134 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RURAL - ST JOHN TWP</u>		c. CITY OR TOWN <u>R. Washington Mo.</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. K. Washington, Mo.</u>		f. STREET ADDRESS (If rural, give location) <u>RURAL - ST. JOHNS TWP 0360</u>	

3. NAME OF DECEASED (Type or Print) <u>HERMANN EDWARD JULIUS DOMHOFF</u>			4. DATE OF DEATH <u>APRIL 1, 1956</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 9, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HEINRICH DOMHOFF</u>	13b. MOTHER'S MAIDEN NAME <u>SOPHIA JOSEPHINE ROESNER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eda Domhoff</u>	ADDRESS <u>Washington Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>de myocarditis</u>		
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"/>
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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)	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 Sept 1950 to April 1956 that I last saw the deceased alive on March 19, 1956, and that death occurred at 1150 No from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Washington Mo</u>	23c. DATE SIGNED <u>4/8/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's P.R. Church Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/2/56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Otto & Co Henry W. Otto</u>	ADDRESS <u>Wash. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

999-0

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 none....., Student Embalmer No. none..... working under my personal supervision..

Student none.....
Signature of Student Embalmer

Signed Henry W. Otto.....
Licensed Embalmer No. 356.....

P. O. Address Washington.....

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.