

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19566**

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **210**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY OR TOWN Columbia	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Jonesburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		e. STREET ADDRESS (If rural, give location) 0700	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Charles	c. (Last) Damon	4. DATE OF DEATH (Month) (Day) (Year) July 1 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-28-1906
9. AGE (In years last birthday) 50		10. MONTHS 7	10. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) haberer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Vermont
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Curtis Damon	13b. MOTHER'S MAIDEN NAME Murtia Howell	14. NAME OF HUSBAND OR WIFE Selden Damon
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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) Yes World War II	16. SOCIAL SECURITY NO. 523-03-5178	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aorta coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arterio sclerosis DUE TO (c) Diabetes Mellitus		
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	260X	20. AUTOPSY? YES <input checked="" 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)
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 **30 June, 1956**, to **1 July, 1956**, that I last saw the deceased alive on **10pm June, 1956**, and that death occurred at **2:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F. Legum MD	23b. ADDRESS University Box Columbia Mo	23c. DATE SIGNED July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/56	24c. NAME OF CEMETERY OR CREMATOR Jonesburg	24d. LOCATION (City, town, or county) (State) Jonesburg, Mo.
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DATE REC'D BY LOCAL REG. June 2 1956	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	EMERAL DIRECTOR'S SIGNATURE Lynn Hunkle	ADDRESS Columbia
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(Licensed Embalmer's Statement on Reverse Side)

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

9561 I & 7001

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 *Lynman H. Spunkle*

Licensed Embalmer No. *401*
P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.