

Public Health Service
 100-56
 Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 diseases in Part I must be causally related.

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 14 1957

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Shelbyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edwin Middle Merritt Last Damzell				4. DATE OF DEATH Month Feb Day 5 Year 1957				
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 9 1869		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER			10b. KIND OF BUSINESS OR INDUSTRY BANK Pres.		11. BIRTHPLACE (City and state or country) Stoutsville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALPHENS DAMZELL				14. MOTHER'S MAIDEN NAME LUPINE STRIBLING				
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. 498-26-6381		17. INFORMANT Address Shelbyville Mo MRS EDWIN DAMZELL				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis cerebral							INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from Jan 23 1956 to Feb 5 1957 and last saw ^{him} alive on Jan 5 1957 Death occurred at 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R. G. Archer M.D. (Degree or title)				22b. ADDRESS Shelbyville Mo		22c. DATE SIGNED 2-11-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
BURIAL		Feb. 7 '57	100F CEMETERY		Shelbyville		Mo	
24. FUNERAL DIRECTOR E. P. Thompson Address Shelbyville Mo			25. DATE RECD. BY LOCAL REG. 2-12-57		26. REGISTRAR'S SIGNATURE Ada Garrison			

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1958

DEC 15 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by Student Embalmer
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. W. Musgrove*

2719
Licensed Embalmer No

P. O. Address *Bethel*

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