

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1957

State File No. **4024**

BIRTH NO. _____		REG. DIST. NO. 65		PRIMARY REG. DIST. NO. 5250		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON			
b. CITY OR TOWN RURAL BRUNSWICK		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN BRUNSWICK		d. In 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				e. STREET ADDRESS (If rural, give location) 5 mi NE BRUNSWICK Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD-WILLIAM- b. (Middle) DAMMANN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-9-57				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-15-1929	
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY DAMMANN		13b. MOTHER'S MAIDEN NAME DORA TROE		14. NAME OF HUSBAND OR WIFE JANET DAMMANN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes. M. deferred		16. SOCIAL SECURITY NO. 490-42-8489		17. INFORMANT'S SIGNATURE OR NAME Mrs. Janet Dammann ADDRESS			
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-cerebral crush injury					None
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		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"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ROAD NEAR HOME		21c. (CITY, TOWN, OR TOWNSHIP) BRUNSWICK		(COUNTY) 021 (STATE) 2	
21d. TIME OF INJURY 3 9 57 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRACTOR HE WAS DRIVING SLID IN GRAVEL + OVERTURNED ON HIM.			
22. I hereby certify that I attended the deceased from 2/15/55 , 19 55 , to 3-9 , 19 57 , that I last saw the deceased alive on 2-5 , 19 57 , and that death occurred at 1 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. D. Stuart M.D. (Degree or title)				23b. ADDRESS Brunswick		23c. DATE SIGNED 2/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-12-57		24c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cem. Brunswick, Mo.		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. 3-12-57		REGISTRAR'S SIGNATURE Mildred Burns		25. FUNERAL DIRECTOR'S SIGNATURE J. E. McCurry Brunswick, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1957

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

L. C. McCurry

Licensed Embalmer No. *4806*

P. O. Address *Brunswick, Ga.*

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.