

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28842  
STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 228231 Primary Registration District No. 4347 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>MONTECOMERY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JONESBURG</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u> c. CITY OR TOWN <u>JONESBURG</u> d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>DAMARIS</u> Middle <u>PEARL</u> Last <u>WITT</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 8 1884</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln County Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Leo Liban</u>		14. MOTHER'S MAIDEN NAME <u>Jane Robinson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u> INFORMANT <u>John Witt</u> Address <u>Jonesburg Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHIAL PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL HAEMMORRHAGE</u> DUE TO (c) <u>CHRONIC ARTERIAL SCLEROTIC NEPHRITIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3dy.</u> <u>?dy.</u> <u>5yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT <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 <u>Jan 12-1952</u> to <u>Aug 14, 1957</u> and last saw her alive on <u>Aug 12, 1957</u> Death occurred at <u>4:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Amie O. Helm MD</u>		22b. ADDRESS <u>New Florence Mo. 643-57</u>	
22c. DATE SIGNED		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 16 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	23d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>
24. FUNERAL DIRECTOR <u>C. A. Harding</u> ADDRESS <u>Jonesburg</u>		25. DATE RECD. BY LOCAL REG. <u>8/28/57</u>	26. REGISTRAR'S SIGNATURE <u>Quinn B. Callaway</u>

(Licensed Embalmer's Statement of Reverse Side)

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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 *Carl A. Gardner*.....

Licensed Embalmer No. *4*.....

P. O. Address *Jonesboro*.....

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.