

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013383

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

338

300

1-57

Doctor, coroner, etc. must use any standard nomenclature in use. No symptoms or signs related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Knobel
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last CECILIA M. DAHMUS			4. DATE OF DEATH Month Day Year April 10, 1958
5. SEX female	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 Jan 17, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Music	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Holyrood, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John C. Corrigan		13b. MOTHER'S MAIDEN NAME Susan Phelan	14. NAME OF HUSBAND OR WIFE Lawrence Dahmus
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. none	17. INFORMANT Lawrence Dahmus
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction		unknown	
DUE TO (c) Influenza		approximately 1 month	
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"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 3-19-58 to 4-10-58 and last saw her alive on 4-10-58 Death occurred at 9:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.L. Brandon, M.D.		22b. ADDRESS 1124 N. Main Poplar Bluff, Mo.	22c. DATE SIGNED 4-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/14/58	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Knobel, Arkansas
24. FUNERAL DIRECTOR Russell-Ermert		ADDRESS Corning, Ark.	25. DATE RECD. BY LOCAL REG. 4/26/58
			26. REGISTRAR'S SIGNATURE R. Muelter

RECEIVED

APR 28 1958
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Richard L. Emerson

Licensed Embalmer No. 782

P. O. Address Corning, N.Y.

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.