

# FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-035171

## FILED VS NOV 2 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 524

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>21 Yrs.</b>	c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1112 London Drive</b>		
3. NAME OF DECEASED (Type or print) First <b>BESS</b> Middle <b>DAMON</b> Last			4. DATE OF DEATH Month <b>October</b> Day <b>26</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-31-1888</b>	9. AGE (last birthday) <b>71</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hostess</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel Coffee Shop</b>	11. BIRTHPLACE (City and state or country) <b>Russellville, Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sam Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ellen Shanklin</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. Clifton Damon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>05-03-5985</b>	17. INFORMANT Address <b>Mrs. Sara D. Kossman, Columbia, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
DUE TO (b) <b>acute ant. coronary thrombosis</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) <b>None</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____						
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 <b>25 Oct 1959</b> to <b>26 Oct 1959</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>26 Oct 1959</b> Death occurred at <b>11:10 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Mrs. Sara D. Kossman</i>			22b. ADDRESS <b>401 GUITAR BRIDGE Columbia Mo</b>		22c. DATE SIGNED <b>27 Oct 1959</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-30-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Parker Funeral Service, Columbia, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Oct 29 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6884 S T AOM SA

MAY 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*George R. Keefer*

Licensed Embalmer No. 4752

P. O. Address Columbia

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.