

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020237

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 1605 STATE FILE NUMBER

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay in 1b 5 days	c. CITY OR TOWN Wyaconda	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ora Middle Dauma Last	4. DATE OF DEATH Month June Day 9 Year 1961
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5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/2/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clark County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME James S. Speer	13b. MOTHER'S MAIDEN NAME Delia Jane Chapman	14. NAME OF HUSBAND OR WIFE Ross L. Dauma
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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. no	17. INFORMANT Ross L. Dauma Address Wyaconda, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST	INTERVAL BETWEEN ONSET AND DEATH 10 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Medullary Failure and Anoxia	?
DUE TO (c) Fatty Infiltration of Heart-Coronary Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Appendicitis - Acute Peritonitis - Abscesses	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 4:50 a.m. p.m.	Month, Day, Year
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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 KIRKSVILLE, Mo	COUNTY Clark	STATE Missouri
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21. I attended the deceased from **6-5-61** to **6-9-61** and last saw her ~~him~~ alive on **6-9-61**
Death occurred at **4:50 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl Lee J. Do (Degree or title)	22b. ADDRESS KIRKSVILLE, Mo	22c. DATE SIGNED 6-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 11, 1961	23c. NAME OF CEMETERY OR CREMATORY Gorin Cemetery	23d. LOCATION (City, town, or county) (State) Gorin, Missouri
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24. FUNERAL DIRECTOR Smith & Baskett, Memphis Mo.	ADDRESS 11 Memphis Mo.	25. DATE RECD. BY LOCAL REG. June 22, 1961	26. REGISTRAR'S SIGNATURE Dorcas W. Ratliff
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAUGHLIN, JR., D.D.

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 George Gerth

Licensed Embalmer No. 5891

P. O. Address Memphis

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.