

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024683

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 17

**FILED AUG 15 1961**

1. PLACE OF DEATH  
 a. COUNTY FRANKLIN  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRI. LESLIE, MO Length of stay in lb 19 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION HIS HOME Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution)  
 a. STATE MO b. COUNTY FRANKLIN  
 c. CITY OR TOWN LESLIE, MO. BRI Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ARN O.E GOLDAMMER  
 4. DATE OF DEATH Month 8 - Day 12 - Year 1961  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 3-2-1892 9. AGE (last birthday) 69 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done or job last worked on if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and state or country) ZION, MO. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME EHRGOTT, GOLDAMMER 13b. MOTHER'S MAIDEN NAME DAULINE HANSHEL 14. NAME OF ~~HUSBAND~~ OR WIFE EDNA-GOLDAMMER  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES. WORLD WAR I 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Edna Goldammer Leslie Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Generalized carcinomatous  
 DUE TO (b) Ca prostate gland  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. \_\_\_\_\_  
 INTERVAL BETWEEN ONSET AND DEATH 1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 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  NOT WHILE AT WORK  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 June 1955 to 12 Aug 61 and last saw <sup>her</sup> him alive on 11 Aug 61  
 Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.V. Boyce, M.D. 22b. ADDRESS Washington, Mo. 22c. DATE SIGNED 13 Aug 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 8-14-1961 23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM. 23d. LOCATION (City, town, or county) (State) JEFFERSON CITY MO

24. FUNERAL DIRECTOR E. J. Meyer ADDRESS General Mo 25. DATE RECD. BY LOCAL REG. AUG. 14, 1961 26. REGISTRAR'S SIGNATURE Thurston W. Eaton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

AUG 24 1961

**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

*Stanley E. Meyer*

Licensed Embalmer No. 4639

P. O. Address Union Mo

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.