

FILED JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2658

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>30 min.</u>		c. CITY OR TOWN <u>Moberly</u>		<u>1883</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M Cormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1133 Hinkley</u>					
3. NAME OF DECEASED (Type or Print) <u>DONALD CURTIS RONIMONS</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>January - 1 - 1953</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Dec-28-1928</u>			
9. AGE (In years last birthday) <u>24</u>		If under 1 year		If under 24 hrs.		Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Riley Ronimons</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lorraine Casley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>Was # 2</u>			16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Riley Ronimons</u>			ADDRESS <u>Moberly Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Guns Shot Wound.</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Verdict of jury, shot while fleeing from officers after arrest</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E984X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph Mo.</u>					
21d. TIME OF INJURY <u>12:31 53 '53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by an officer in his duty</u>					
22. I hereby certify that I attended the deceased from <u>about</u> , 19 <u>53</u> , to <u>12:50 A.M.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 3, 1953</u> , and that death occurred at <u>12:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Thos. E. Barnes</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Moberly Mo.</u>		23c. DATE SIGNED <u>1-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 3-53</u>		REGISTRAR'S SIGNATURE <u>Pauline...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>...</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 7 1956

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
Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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 this body is not embalmed, fact should be so stated above.