

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5528**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4347** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Montg	
b. CITY (If outside corporate limits, write RURAL and give township) Middletown		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Middletown
d. FULL NAME OF HOSPITAL OR INSTITUTION Middletown		e. STREET ADDRESS (If rural, give location) 0700	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Addison c. (Last) Dameron			4. DATE OF DEATH (Month) (Day) (Year) Feb 12 1954		
5. SEX M	6. COLOR OR RACE USA Wht	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify)	8. DATE OF BIRTH Sept 19 1872		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dade Co. Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A					

13a. FATHER'S NAME James Addison Dameron		13b. MOTHER'S MAIDEN NAME Elizabeth Akin		14. NAME OF HUSBAND OR WIFE Boric Mge Orr	
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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. —		17. INFORMANT'S SIGNATURE OR NAME Lee A. Dameron ADDRESS 1746 W. Dayton, Fresno	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		ANTecedent CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Senility			
		DUE TO (c) Cardio-vas - Renal condition			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 20, 1953** to **Feb. 12, 1954**, that I last saw the deceased alive on **Feb. 12, 1954**, and that death occurred at **11:30m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. R. Titus D.O.		23b. ADDRESS Middletown, Mo.		23c. DATE SIGNED Feb. 14, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15 1954		24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	
				24d. LOCATION (City, town, or county) (State) Middletown Mo	

DATE REC'D BY LOCAL REG. Feb. 15-54		REGISTRAR'S SIGNATURE Mrs. Zoe Chapman		25. FUNERAL DIRECTOR'S SIGNATURE R. C. ... ADDRESS Middletown, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 444

P. O. Address Bowling

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.