

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2633  
19714

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>144</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 (If outside corporate limits, write RURAL and give town) <u>Moberly</u>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 South Williams St.</u>				STREET ADDRESS (if rural, give location) <u>316 South Williams St.</u>																
3. NAME OF DECEASED (Type or Print)			a. (First) <u>George</u>			b. (Middle) <u>Earl</u>			c. (Last) <u>Dameron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/5/55</u>								
5. SEX <u>male</u>			6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>4/6/1889</u>			9. AGE (In years last birthday) <u>66</u>			IF UNDER 1 YEAR Months Days			IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>hardware</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>G.W. Dameron</u>				13b. MOTHER'S MAIDEN NAME <u>Viola Hinton</u>				14. NAME OF HUSBAND OR WIFE <u>Mae Dameron</u>												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Mae Dameron</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary Thrombosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>6 weeks</u>								
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>								
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)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?												
22. I hereby certify that I attended the deceased from <u>June 5, 1955</u> , to <u>June 5, 1955</u> that I last saw the deceased alive on <u>June 5, 1955</u> and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.																				
23a. SIGNATURE <u>Charence Clohes M.D.</u>						23b. ADDRESS <u>Moberly Mo</u>						23c. DATE SIGNED <u>June 5 1955</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>6/7/55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>								
DATE REC'D BY LOCAL REG. <u>6/7/55</u>				REGISTRAR'S SIGNATURE <u>Leah Blower</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Merion E. Williams</u>				ADDRESS <u>Moberly, Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

4567 2 K NRP

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 *William E. Miller*

Licensed Embalmer No. 3957..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.