

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42506**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4441** Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill		c. LENGTH OF STAY (In this place) 14 yrs.		c. CITY OR TOWN Clifton Hill		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 none				e. STREET ADDRESS (If rural, give location) none									
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Morehead		c. (Last) Dameron		4. DATE OF DEATH (Month) (Day) (Year) December 7, 1956						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 12, 1868		9. AGE (In years last birthday) 88		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) retired farmer				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Green Dameron				13b. MOTHER'S MAIDEN NAME Betty Bradley				14. NAME OF HUSBAND OR WIFE Ona Lee Dameron					
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ona Lee Dameron ADDRESS Clifton Hill, Missouri							
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia								INTERVAL BETWEEN ONSET AND DEATH 2 days			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip								3 wks.			
		DUE TO (c)											
		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"/>			
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) Clifton Hill, Randolph County (STATE)							
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?							
22. I hereby certify that I attended the deceased from 11, 15, 56 , to 12-7-56 , 19___, that I last saw the deceased alive on 12-7-56 , 19___, and that death occurred at 5:45 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE A. Noel Rains (Degree or title) D.O.								23b. ADDRESS Clifton Hill, Missouri		23c. DATE SIGNED 12-8-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-9-1956		24c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery				24d. LOCATION (City, town, or county) (State) Roanoke, Missouri					
DATE REC'D BY LOCAL REG. 12-13-56		REGISTRAR'S SIGNATURE May H. Bentley				25. FUNERAL DIRECTOR'S SIGNATURE T. B. Patton Sons, Huntsville, Mo. ADDRESS							

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..... *Paul Patton*

Licensed Embalmer No. *4095*

P. O. Address *Huntsville,*

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.