

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1958

State File No. **47711**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY OR TOWN Kennett		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Kennett		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 Residence				e. STREET ADDRESS (If rural, give location) 213 Hopper St.			
3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) _____ c. (Last) Damron			4. DATE OF DEATH Nov. 1, 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 27, 1900	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw-Filer			10b. KIND OF BUSINESS OR INDUSTRY Fray Lumber Co.		11. BIRTHPLACE (City and State or Foreign Country) Senath, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Charley Damron			13b. MOTHER'S MAIDEN NAME Ollie Duberry		14. NAME OF HUSBAND OR WIFE Bertie Damron		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 493-01-9330		17. INFORMANT'S SIGNATURE OR NAME Bertie Damron ADDRESS Kennett, Mo.		
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 2 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) (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 1 Nov 1957 to 1 Nov 57, 19 , that I last saw the deceased alive on 1 Nov 1957 , and that death occurred at 11:30 AM from the causes and on the date stated above.							
23a. SIGNATURE Joe A. Zimmerman, M.D. (Degree or title)				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 6 Feb 58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/3/1957	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett, Mo.		
DATE REC'D BY LOCAL REG. 3-6-1958		REGISTRAR'S SIGNATURE Carl Thompson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service, Senath, Mo.			

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

90-1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-10-58

COUNTY FILE NUMBER 358-

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 Arthur B. Baird

Licensed Embalmer No. 4888

P. O. Address Jennett, 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.