

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1787
STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chilhowee
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Hospital		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 0510 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALMA Middle BELLE Last DAMERON			4. DATE OF DEATH Month Jan Day 8 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Webster County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Callaway	13b. MOTHER'S MAIDEN NAME Nancy Jane Day	14. NAME OF HUSBAND OR WIFE S.C. Dameron
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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. none	17. INFORMANT Address Roy Dameron, Holden, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostated Pneumonia</u> DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 11 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Nov 1 1957 to Jan 8 1958 and last saw her alive on Jan 7 1958
Death occurred at 2:55 a.m. 1-8-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. W. Moulton M.D.</u> (Degree or title)	22b. ADDRESS <u>Holden Mo</u>	22c. DATE SIGNED <u>1-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/10/58	23c. NAME OF CEMETERY OR CREMATORY Carpenter	23d. LOCATION (City, town, or county) Chilhowee, Mo.
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24. FUNERAL DIRECTOR Cook Funeral Home Chilhowee, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-11-58	26. REGISTRAR'S SIGNATURE Mrs. L. V. Bedford
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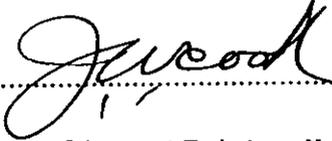
(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
 300
 1-57
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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. 4335
P. O. Address Chilhowe, N.C.

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.