

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033875

AMENDED

Registration District No. 224

Primary Registration District No. 3056

Registrar's No. 211

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Randolph

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MoberlyLength of stay in lb
25 yearsc. CITY
OR TOWN MoberlyInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Community HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
612 South Ault St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Romulus Bracken Dameron

4. DATE
OF DEATH

Month

Day

Year

9/15/61

5. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/9/18829. AGE (last birthday)
79IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
hardware clerk even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Darksville, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George William Dameron

13b. MOTHER'S MAIDEN NAME

Viola Hinton

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, (unborn)) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
490 18 5898

17. INFORMANT

Address

Mrs. Albert Polston Moberly, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Medullary Failure Instant

INTERVAL BETWEEN
ONSET AND DEATH
InstantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Coronary Infarction

DUE TO (c) Apprehension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Hernioplasty

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-6-61 to 9-15-61 and last saw her alive on 9-15-61
Death occurred at 6:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Benj. S. Jolly M.D.

22b. ADDRESS

Moberly, Mo.

22c. DATE SIGNED

9-18-61
(State)23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/10/61

23c. NAME OF CEMETERY OR CREMATORY

Huntsville Cemetery

23d. LOCATION (City, town, or county)

Huntsville, Mo.

24. FUNERAL DIRECTOR

Marion E. Million

ADDRESS

Moberly, Mo.

25. DATE RECD. BY LOCAL REG.

9-17-61

26. REGISTRAR'S SIGNATURE

Seaborn

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Marion E. Williams

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.