

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033875

STATE FILE NUMBER

AMENDED

FILED OCT 2 1961

Registration District No. 294 Primary Registration District No. 3056

Registrar's No. 211

DATE AMENDED	1. PLACE OF DEATH													
	a. COUNTY			Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN			Moberly			Length of stay in lb			a. STATE Missouri COUNTY Randolph					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Community Hospital			Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Moberly					
									Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			First Romulus			Middle Bracken			Last Dameron			4. DATE OF DEATH Month 9/15/61 Day Year		
5. SEX male			6. COLOR OR RACE white			7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 6/9/1882			9. AGE (last birthday) 79		
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, own town) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 490 18 5898			17. INFORMANT Mrs. Albert Polston			Address 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 Instant					
Conditions, if any, which gave rise to above cause (a), stating the underlying 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 (e)									PART III. If deceased was female was there a pregnancy in last 90 days.					
Hernioplasty									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m.			Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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					
21. I attended the deceased from Death occurred at			9-6-61 to 6:55 P.			9-15-61			and last saw her him alive on 9-15-61					
22a. SIGNATURE Benj J. Dally Jr.			(Degree or title)			22b. ADDRESS Moberly Mo.			22c. DATE SIGNED 9-18-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9/17/61			23c. NAME OF CEMETERY OR CREMATORIAL 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.			26. REGISTRAR'S SIGNATURE Seabell Soule					

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



3957
Licensed Embalmer No. _____

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.