

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041976

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5956 Registrar's No. 137

FILED DEC 6 1961

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>PAYNESVILLE</u>		Length of stay in 1b <u>60YRS</u>	c. CITY <u>PAYNESVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>RESIDENCE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RESIDENCE</u>

3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>DAMERON</u> Last <u>DAMERON</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>26</u> Year <u>1961</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRS</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during 1 year or longest period if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>LINCOLN Co MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>MILTON HAMMOCK</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>HOMER DAMERON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>HOMER DAMERON PAYNESVILLE</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 <u>Paynesville</u>	COUNTY <u>PIKE</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>Sept 1960</u> to <u>Nov 1961</u> and last saw <u>her</u> alive on <u>11-26-61</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>W. Joe Martin, M.D.</u>	22b. ADDRESS <u>Louisiana, Mo.</u>	22c. DATE SIGNED <u>11-28-61</u>
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23a. BURIAL, CREMATION, or FUNERAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV 29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RAMSEY CREEK</u>	23d. LOCATION (City, town, or county) (State) <u>PIKE Co MO</u>
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24. FUNERAL DIRECTOR <u>CARROLL-COLLIER, CLARKSVILLE</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 29-61</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
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(Lined for Embalmer's Statement on Reverse Side)

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 Geo. M. Callie

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.