

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10373**

FILED MAR 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 9232 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>		c. LENGTH OF STAY (in this place) <b>7 1/2 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		d. STREET ADDRESS (If rural, give location) <b>205, E. Culton St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Fortune</b> c. (Last) <b>Damron</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 13, 1953.</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>March, 31, 1874</b>
9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 YEAR Months <b>0</b>	11. UNDER 12 HRS. Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	
11. BIRTHPLACE (State or foreign country) <b>Lincoln Co. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>C.R. Fortune</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Springstun.</b>	
14. NAME OF HUSBAND OR WIFE <b>Oscar H. Damron.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O. H. Damron Jr. Warrensburg. MO.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? 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 <b>Oct 1952</b> to <b>3-13, 1953</b> , that I last saw the deceased alive on <b>3-13, 1953</b> , and that death occurred at <b>1045</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. Lee Cooper M.D.</b>		23b. ADDRESS <b>Warrensburg Mo</b>	
23c. DATE SIGNED <b>3-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>15, Mar. 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg. MO.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 16, 1953</b>		REGISTRAR'S SIGNATURE <b>Sawanna Orentlicher</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips</b>		ADDRESS <b>Warrensburg. MO.</b>	

DEPT. OF HEALTH  
MAR. 28 1953  
JOHNSON COUNTY HEALTH DEPT.

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. Earl Priest*  
Licensed Embalmer No. *3878*

P. O. Address. *Warrensburg 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 this body is not embalmed, fact should be so stated above.