

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25459

FILED JUL 27 1953

State File No.

BIRTH NO. REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 4253 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>	
c. LENGTH OF STAY (In this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>Clay</u>	c. (Last) <u>Dameron</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1953</u>
-------------------------------------	--------------------------	-------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 31, 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months <u>10</u>	Days <u>9</u>	Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>John Dameron</u>	13b. MOTHER'S MAIDEN NAME <u>Rogina Chaffin</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Bell Dameron</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma Dameron, Chilhowee, Mo.</u>	ADDRESS
---	----------------------------------	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Intestital Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION <u>now</u>	19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>	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) m.	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 Jan 13, 1944 to July 19, 1953, that I last saw the deceased alive on July 13, 1952, and that death occurred at 2:28 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alma Dameron</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrensburg, Mo.</u>	23c. DATE SIGNED <u>7-20-53</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u>	24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Thamis Oberker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cook Funeral Home, Chilhowee, Mo.</u>	ADDRESS
---	---	---	---------

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

RECEIVED
JUL 23 1953
DUNSMON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed.....

J. W. Cook
Licensed Embalmer No. *4335*
P. O. Address *Chulhowee, 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.