

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31050**BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. CITY OR TOWN RURAL - MARION TWP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 DAYS		e. STREET ADDRESS (If rural, give location) ROUTE 5, NEOSHO	
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE-BROOKS HOSPITAL			
3. NAME OF DECEASED a. (First) VIRGIL (Type or Print) b. (Middle) ART c. (Last) DAMRON			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22, 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6, 1899
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY AWNING	11. BIRTHPLACE (City and State or Foreign Country) FANNON, COUNTY, TEX.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME B. S. DAMRON	
13b. MOTHER'S MAIDEN NAME LUELLA MCCLURE		14. NAME OF HUSBAND OR WIFE GOLDIE DAMRON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. WW I	
17. INFORMANT'S SIGNATURE OR NAME MRS GOLDIE DAMRON		ADDRESS RT. 5, NEOSHO	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CARCINOMA - METASTATIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary - Unknown. 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 103X	
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) (Min)		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 <u>Sept 19</u> , 19 <u>54</u> , to <u>Sept 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>54</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Paul H. Parker		23b. ADDRESS 114 Cottage St	
23c. DATE SIGNED Sept 24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 9-25-54	
24c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMERS' SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 9-24-54		REGISTRAR'S SIGNATURE W. Clenton 139	
25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER		ADDRESS MORTUARY, JOPLIN, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1954
AUG 1 1954

1954

RECEIVED SEP 29 1954
Jasper County Health Office
County File Number 54-9-8
Date Filed SEP 29 1954

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 *Jack Parker*

Licensed Embalmer No. 493
P. O. Address *Joplin*

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.