

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31161

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Hurricane</b>		c. LENGTH OF STAY (in this place) <b>life</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Hurricane Township</b>		d. STREET ADDRESS (If rural, give location) <b>10 miles n.w. of Elsberry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 mile n.w. of Elsberry</b>		e. STREET ADDRESS (If rural, give location) <b>10 miles n.w. of Elsberry</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ABRAM</b>		b. (Middle) <b>ELLIS</b>	
c. (Last) <b>DAMRON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 5 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 4, 1859</b>
9. AGE (in years) (Months) (Days) (Hours) (Min.) <b>95</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming - retired</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>North Lincoln County</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Noah R. <del>Robinson</del> Damron</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Jane- nee Robinson</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>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Dameron - Whiteside, Mo.</b>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholera</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>gen. arterio-sclerosis</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>4221</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) (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 <b>8-2</b> , 1954, to <b>9-5</b> , 1954, that I last saw the deceased alive on <b>9-1</b> , 1954, and that death occurred at <b>4:30</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Arthur Dameron</b>		23b. ADDRESS <b>10 miles n.w. of Elsberry, Mo.</b>	
23c. DATE SIGNED <b>9/6/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sept. 7, 1954</b>		24c. NAME OF CEMETERY <b>Oak Ridge</b>	
24d. LOCATION (City, town, or county) (State) <b>RFD- Elsberry, Missouri</b>		DATE REC'D BY/LOCAL REG. <b>9/27/54</b>	
REGISTRAR'S SIGNATURE <b>Mrs. Clementine Kintz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Kintz</b>	
ADDRESS <b>Elsberry, Mo.</b>			

(Licensed Embalmer) (Statement on Reverse Side)

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

**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 *John K. Smith*

Licensed Embalmer No. 4012

P. O. Address Eleberry, 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.