

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-031638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

208

STATE FILE NUMBER

FILED SEP 13 1965

1. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OLINTON

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

WETZEL HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

VERNON

admission)

c. CITY
OR
TOWN

RICH HILL RT 2

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

5 MILE SOUTH-RICH HILL

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

FLORIAN

DAME

4. DATE
OF
DEATH

Month

Day

Year

SEPTEMBER 7 1965

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/29/84

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

BRUSSELS, BELGIUM

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

PHILIMO, DAME

13b. MOTHER'S MAIDEN NAME

FILEMAN FLUREY

14. NAME OF HUSBAND OR WIFE

AMELIA DAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

495 07 1562

17. INFORMANT

Address

Mrs. Amelia Dame-Rich Hill, Mo. Rt. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

medullary paralysis

INTERVAL BETWEEN
ONSET AND DEATH

minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Congestive Heart Failure

2 days

DUE TO (c)

Acute Inferior wall myocardial infarction

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Central thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/2/63 to 9/7/65

to 9/7/65

and last saw her

him alive on 9/7/65

Death occurred at 6:30 A.M. 9/7/65

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9/9/65

23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN CEMETERY

23d. LOCATION (City, town, or county)

RICH HILL, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Booth Funeral Serv-Rich Hill, Mo.

SEPT. 8, 65

Mildred Biggins

MIB

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

0425

2/080

3

4 0

5 1

6

7 2

8 0

9 420.1

10

11

12 2-2

13 1-0

204
1014
0
1
2
0
2-9.

Permit obtained 7-8-65 (MB)

Signed

P. O. Address

* 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.