

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16349
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County Texas Registration District No. 865
 (b) Township Cross Primary Registration District No. 6143
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 George Washington Amick
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Amick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1861
 7. AGE YEARS 78 MONTHS - DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo

FATHER 13. NAME Dobson Amick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Martha Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mr. Lee Smith Cabool Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rayford V. Elliott Cabool Mo

20. FILED Apr 30 1939 R. R. Russell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from N.Y.C., 1938, to April 30, 1939

I last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

DECOMPENSATED DEGENERATIVE HEART DISEASE WITH CORONARY THROMBOSIS HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASE

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Yes
 (Signed) H. M. Dillman, M. D.
 (Address) Hawthorn, Mo

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.