

# FILED APR 9 1949 STANDARD CERTIFICATE OF DEATH

State File No. ....

11349

|                                                                                                                                                                                                                                         |  |                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                          |  | REG. DIST. NO. <u>376</u>                                                                      |  | PRIMARY REG. DIST. NO. <u>4560</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Registrar's No. <u>2</u>                                                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wright</u>                                                                                                                                                                                            |  |                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Normwood</u>                                                                                                                                                 |  | c. LENGTH OF STAY (In this place)<br><u>about 2 yrs</u>                                        |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Normwood</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | d. STREET ADDRESS (If rural, give location)<br><u>Ava</u>                |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br><u>Millard Reet Home</u>                                                                                                                        |  |                                                                                                |  | d. STREET ADDRESS (If rural, give location)<br><u>Ava</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                          |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                  |  | a. (First) <u>Mary</u>                                                                         |  | b. (Middle) <u>Grace</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | c. (Last) <u>Amos</u>                                                    |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>January 13, 1949</u>                                                                                                                                                                     |  | 5. SEX <u>Female</u>                                                                           |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |  |
| 8. DATE OF BIRTH<br><u>June 21, 1860</u>                                                                                                                                                                                                |  | 9. AGE (In years last birthday)<br><u>88</u>                                                   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Illinois</u>             |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                           |  | 13a. FATHER'S NAME<br><u>Barrach Duckett</u>                                                   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Waller</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 14. NAME OF HUSBAND OR WIFE<br><u>R. W. Amos</u>                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                         |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Millard Reet Home</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | ADDRESS<br><u>Normwood Mo.</u>                                           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senile - (De. was treating for mitral insufficiency)</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ |  |                                                                          |  |
| 19b. MAJOR FINDINGS OF OPERATION<br><br><u>78</u>                                                                                                                                                                                       |  |                                                                                                |  | 20. AUTOPSY?<br>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) (Minute) _____           |  |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10 A</u> m., from the causes and on the date stated above. |  |                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                          |  |
| 23a. SIGNATURE<br><u>Thomas A. Doubledin</u>                                                                                                                                                                                            |  | (Degree or title)<br><u>Coroner</u>                                                            |  | 23b. ADDRESS<br><u>Normwood, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 23c. DATE SIGNED<br><u>4/13/49</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                              |  | 24b. DATE<br><u>1-15-49</u>                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Everett</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 24d. LOCATION (City, town, or county) (State)<br><u>Midway, Missouri</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>3-19-1949</u>                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE<br><u>Mrs. G. R. W. Shaw</u>                                             |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Clinkingbeard Funeral Home</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | ADDRESS<br><u>Ava, Mo.</u>                                               |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,  
District File Number 449-421  
Date Filed 4-6-49

*made in*

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

*Charles A. Roof*

Licensed Embalmer No. 3284

P. O. Address Gunnville, Pa.

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.