

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27328

57

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5676 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Sidex Mo</u> <u>Lincoln Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sidex Millwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sidex Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>Township Millwood 9</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Amptmann</u> c. (Last) <u>Amptmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8-1875</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Josephville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Amptmann</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Sacks</u>	
14. NAME OF HUSBAND OR WIFE <u>Rosa Amptmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Amptman</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none Sidex Lincoln 1110</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	
21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>January, 1949</u> , to <u>August, 1949</u> , that I last saw the deceased alive on <u>August, 1949</u> , and that death occurred at <u>12:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Don R. Randall, M.D.</u>		23b. ADDRESS <u>287 N. 5th St. St. Charles Mo.</u>	
23c. DATE SIGNED <u>Aug. 27/49</u>		24. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30-49</u>	
24c. LOCATION (City, town, or county) (State) <u>Dardenne Mo</u>		24d. DATE REC'D BY LOCAL REG. <u>Aug 29/49</u>	
24e. REGISTERAR'S SIGNATURE <u>Mrs. J.A. Dwyer</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Pitman</u>	
24g. ADDRESS <u>Wentzville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
9-6-49
District Health Officer No. 9,
District File Number

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.

Signed _____

P. E. Strickland

Signed _____
Student Embalmer

Licensed Embalmer No. 2711

P. O. Address _____

Wentzville 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.