

FILED OCT 10 1949 STANDARD CERTIFICATE OF DEATH

85

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 125

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon	
c. LENGTH OF STAY (in this place) 27 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Howard	b. (Middle) Vernon	c. (Last) Ames	4. DATE OF DEATH (Month) (Day) (Year)
	9	28	1949	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/28/1921	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Arthur Ames	13b. MOTHER'S MAIDEN NAME Frona Jones	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	16. SOCIAL SECURITY NO. 500-16-8760	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frona Ames, Dixon, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Meningitis	DUE TO (b) Pulmonary Tuberculosis (Arrested)		8 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			002X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 14, 1949, to Sept 28, 1949 that I last saw the deceased alive on Sept. 28, 1949, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Rowley Gates</i> (Degree or title) D.O.	23b. ADDRESS Dixon, Missouri.	23c. DATE SIGNED 9/30/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/30/1949	24c. NAME OF CEMETERY OR CREMATORY Seaton	24d. LOCATION (City, town, or county) (State) Maries County, Missouri
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DATE REC'D BY LOCAL REG. 10-3-49	REGISTRAR'S SIGNATURE <i>Thelma C. Buckthorpe</i>	389	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert	ADDRESS Dixon, Mo
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DEC 7 1949

OCT 3 1949

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.....

Sept. 28 - 49

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Paul W. Gilman

Licensed Embalmer No. *2341*

P. O. Address Dixon, Missouri

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.