

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33097

State File No. _____

Registrar's No. 1200

FILED NOV 12 1949

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Grant City	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			
3. NAME OF DECEASED a. (First) Amos b. (Middle) Leonard c. (Last) Scammahorn			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH April 24, 1868
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Kankee, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Anthony Scammahorn		13b. MOTHER'S MAIDEN NAME Mahala Clark	14. NAME OF HUSBAND OR WIFE unknown
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Scammahorn-Grant City, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM, RIGHT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DISLOCATION, LEFT HIP DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE UNK	
19a. DATE OF OPERATION Oct 8, 1949		19b. MAJOR FINDINGS OF OPERATION DISLOCATION LEFT HIP	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEFIRE (Specify) HOMEFIRE AUTO MOBILE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CAR COLLIDED WITH TRUCK
22. I hereby certify that I attended the deceased from Oct. 1949, to Oct. 25, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 2:50a m., from the causes and on the date stated above.			
23a. SIGNATURE Glenn Spideman D (Degree or title)		23b. ADDRESS St. Joseph, Mo. KIRKPATRICK BLDG.	23c. DATE SIGNED 10-25-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE PO-25-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Grant City, Mo.
DATE REC'D BY LOCAL REG. Nov. 9, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins 382	GENERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles M. Harman

Signed
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.