

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4132 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u> b. (Middle) <u>ALICE</u> c. (Last) <u>AMOS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3<sup>rd</sup> 1876</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Janey Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Marion Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Inferman Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Edward W. Amos</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin W. Amos Holt</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis - atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized peripheral arteriosclerosis</u>		
	DUE TO (c) <u>Pelvic carcinoma - malignant degeneration of ovaries, cystadenoma</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3 Sep 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>See # 11</u>		20. AUTOPSY? 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) (Min)		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 15 Aug, 1949, to 6 Oct, 1949, that I last saw the deceased alive on 5 October, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin W. Amos, M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>7 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 7-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	
24d. LOCATION (City, town, or county) (State) <u>New Holt Mo</u>					

DATE REC'D BY LOCAL REG. <u>Oct. 7-1949</u>		REGISTRAR'S SIGNATURE <u>Edwin W. Amos</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leonard Fry Kearney Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 24

District Health Office

District File Number

Date Filed

NOV 17 1948

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 Leonard J. [Signature]

Licensed Embalmer No. 1677

P. O. Address [Signature]

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.