

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34685**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana			
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 North Third St.				d. STREET ADDRESS (If rural, give location) 521 North Third St.			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) PENN c. (Last) AMFAHR				4. DATE OF DEATH (Month) (Day) (Year) Oct 15, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 1, 1860	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul Silas Penn		13b. MOTHER'S MAIDEN NAME Charlotte Hobson		14. NAME OF HUSBAND OR WIFE William C. Amfah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.C. Amfah ADDRESS Vandalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brachopneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH 10 days yr. 7.10X	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-14 , to 10-15 , 19 49 that I last saw the deceased alive on 10-14 , 19 49 , and that death occurred at 4:55 PM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas H. Lavelle M.D.				23b. ADDRESS Louisiana Mo		23c. DATE SIGNED 10/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 17, 1949		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery - Louisiana, Mo.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Oct 17, 1949		REGISTRAR'S SIGNATURE Bernice Calloway		25. FUNERAL DIRECTOR'S SIGNATURE Haley Martiney ADDRESS mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 24 1943
District Health Officer No. 10
District File Number 10-49-1812
Date Filed OCT 24 1943

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

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.