

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37719

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Joplin		d. STREET ADDRESS (If rural, give location) 208 Joplin	
3. NAME OF DECEASED (Type or Print) a. (First) Graves b. (Middle) Elston c. (Last) Amos			4. DATE OF DEATH (Month) (Day) (Year) 11-6-1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-18-1873
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Machine Shop
11. BIRTHPLACE (State or foreign country) Cherokee County, Ks.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME F. M. B. Amos		13b. MOTHER'S MAIDEN NAME Mary Catherine Thomas	
14. NAME OF HUSBAND OR WIFE Alice Amos		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. 491-01-5685A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Amos (wife) Carl Joplin, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris ANTECEDENT CAUSES Arterial Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carl Junction Jasper Mo	
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? 8:30 am		22. I hereby certify that I attended the deceased from Nov 6, 1949 to Nov 6, 1949 that I last saw the deceased alive on Nov 6, 1949, and that death occurred at 8:32 m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) O. L. Alberty, M.D.		23b. ADDRESS Carl Junction Mo	
23c. DATE SIGNED Nov 7 1949		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-8-1949		24c. NAME OF CEMETERY OR CREMATORY Carl Junction	
24d. LOCATION (City, town, or county) Carl Junction, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Junction, Mo.	
DATE REC'D BY LOCAL REG. NOV 9 1949		REGISTRAR'S SIGNATURE O. L. Alberty	

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

44
3
14
300
0

RECEIVED 11-15-49
Jasper County Health Office

County File Number 49-11-879

Date Filed 11-18-49

NOV 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.