

STANDARD CERTIFICATE OF DEATH

State File No. 40949

FILED DEC 22 1949

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Franklin mo. 45</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6x</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELEMER</u> b. (Middle) <u>CHANCELLOR</u> c. (Last) <u>AMICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 - 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 6 - 1892</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Trucking</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Wm. P. Amick</u>	
14. MOTHER'S MAIDEN NAME <u>Allie Chancellor</u>		15. NAME OF HUSBAND OR WIFE <u>Mattie Smith</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u>---</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Mattie S. Amick</u>		19. ADDRESS <u>New Franklin</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> <u>few years</u>			
DUE TO (c) <u>arteriosclerosis</u> <u>few years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. HOW DID INJURY OCCUR? <u>---</u>	
22. I hereby certify that I attended the deceased from <u>May</u> , 1949, to <u>Dec 8</u> , 1949, that I last saw the deceased alive on <u>Dec 6</u> , 1949, and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Chamberlain M.D.</u>		23b. ADDRESS <u>New Franklin mo</u>	
23c. DATE SIGNED <u>12-12-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 10 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. D. Muncie</u>	
25. ADDRESS <u>New Franklin</u>		DATE REC'D BY LOCAL REG. <u>12-15-49</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Lee Bowman</u>		436	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 19
District Health Officer No. 8,
District File Number _____
Date Filed 12-21-49

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

H. L. Place

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.