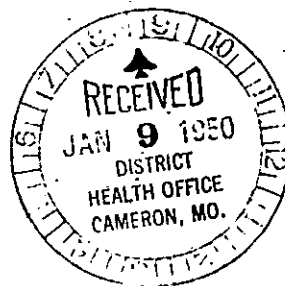


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43571**

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4530 | | Registrar's No. 45 | |
| 1. PLACE OF DEATH a. COUNTY Worth | | | | 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 Sheridan | | c. LENGTH OF STAY (in this place) 25 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) Eva | | a. (First) | | b. (Middle) Jane | | c. (Last) Ames | |
| 4. DATE OF DEATH 12 20 1949 | | 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH 1 1 1869 | | 9. AGE (In years last birthday) 80 | | 10. IF UNDER 1 YEAR Months 11 Days 19 | | 11. IF UNDER 1 HRS. Hours 19 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY housewife | | 11. BIRTHPLACE (State or foreign country) Monmouth, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Richard Ray | | 13b. MOTHER'S MAIDEN NAME Marian Kirby | | 14. NAME OF HUSBAND OR WIFE Elias Ames | | | |
| 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 Floyd Ames Sheridan, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks 10 years 3 1/2 X | |
| 19a. DATE OF OPERATION | | 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 9-21 , 19 48 , to 12/20 , 19 49 , that I last saw the deceased alive on 12/19 , 19 49 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank C. Stimpfe (Degree or title) | | | | 23b. ADDRESS Grant City, Mo. | | 23c. DATE SIGNED 12/22/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12-22-1949 | | 24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery | | 24d. LOCATION (City, town, or county) (State) Sheridan, Mo. | |
| DATE REC'D BY LOCAL REG. Jan. 6, 1950 | | REGISTRAR'S SIGNATURE Leta E. Dawson | | 345 25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Stimpfe | | ADDRESS Grant City, 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.

Student
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.