S. No. 300
Rev. 10-48

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19652

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4093 Registrar's No. 98

0190

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Lynne
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Lynne 0190
d. STREET ADDRESS (If rural, give location): — 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): Wm
c. (Last): AMMON

4. DATE OF DEATH (Month) (Day) (Year): June 28 1950

5. SEX: M.
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30, 1856
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Davis Ammon
13b. MOTHER'S MAIDEN NAME: Mary Stanbaugh
14. NAME OF HUSBAND OR WIFE: Mary Ammon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ada Stone — ADDRESS: East Lynne 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHR INTERSTITIAL NEPHRITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 592X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 6-1- 1950, *to* 6 28, 1950, *that I last saw the deceased alive on* 6 25, 1950, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David S. Long (Degree or title) MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: June 30 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30-50
24c. NAME OF CEMETERY OR CREMATORY: Clearfork Cemetary
24d. LOCATION (City, town, or county): East Lynne (State): Mo

DATE REC'D BY LOCAL REG.: July 1, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: A. D. Hartzler — ADDRESS: East Lynne Mo.

(Licensed Embalmer's Statement on Reverse Side)

HEALTH DEPARTMENT
JUL 8 1950
RECEIVED
JUL 8 1950
CASS COUNTY
HEALTH DEPARTMENT

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed A. D. Hartzler

Signed.....
Student Embalmer

Licensed Embalmer No. 2717

P. O. Address East Lynne 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.