

FILED SEP 20 1950

## STANDARD CERTIFICATE OF DEATH

31375

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6000</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>		c. LENGTH OF STAY (In this place) <u>4 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles Northwest Vandalia</u>				d. STREET ADDRESS (If rural, give location) <u>6 miles Northwest Vandalia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Celesta</u> c. (Last) <u>Aman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 10, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 20, 1865</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio /</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Jacob Bontz</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Aman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Fray, Vandalia, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertatic terminal pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>multiple emboli to lung</u> DUE TO (c) <u>thrombophlebitis rx leg</u> II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 weeks</u> <u>1 month</u> <u>1 year</u>			
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia, Mo.</u>		21f. HOW DID INJURY OCCUR? <u>4 ft 4 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April 15, 1950</u> , to <u>Sept 10, 1950</u> , that I last saw the deceased alive on <u>April 10, 1950</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the day stated above.							
23a. SIGNATURE <u>Evan Phaine MD</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>Sept 16, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 12 1950</u>		REGISTRAR'S SIGNATURE <u>Clara W. ...</u>		247 HEALTH DIRECTOR'S SIGNATURE <u>W. S. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1958

Date Received: SEP 18 1958  
DISTRICT HEALTH OFFICE #  
District File Number 9-50  
Date Filed: SEP 19 1958

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 Ann B. Waters

Licensed Embalmer No. 4169

P. O. Address Candalia, Md.

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.