

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32915

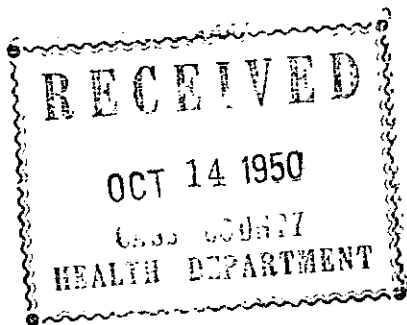
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BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5227 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Peculiar 15th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>606 No Independence Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TROY</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>AMENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7-1950</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 1-1894</u>
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	
11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thos Metcalf Ament</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa F. Have</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel E Ament</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>495-07-2655</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel E. Ament</u> ADDRESS <u>Harrisonville Mo</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>Hodgkin's Disease</u> ANTECEDENT CAUSES 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. <u>Anemia</u>	
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) (Minute) _____		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 <u>Oct 6</u> , 19 <u>50</u> , to <u>Oct 7</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Oct 7</u> , 19 <u>50</u> , and that death occurred at <u>1207 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. R. Turner</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Leach, Missouri</u>	
23c. DATE SIGNED <u>10-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hammberg</u> ADDRESS <u>Harrisonville</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	

(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. 369

working under my personal supervision.

Student E. Lindley.....

Student Embalmer.

Signed

Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address

Harrisonville 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.