

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39745

BIRTH NO. 004		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5037		Registrar's No. 234	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rual, Saltriver		c. LENGTH OF STAY (in this place) 0 040 0		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rual, Wisson		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ambulance & Misses West of Mexico on hgw. 22				d. STREET ADDRESS (If rural, give location) R.F.D. #4, Centralia			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) CARL		c. (Last) AMELON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 22, 1886	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kalona, Iowa /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Amelon		13b. MOTHER'S MAIDEN NAME Amelia Zager		14. NAME OF HUSBAND OR WIFE Lydia Amelon	
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 ADDRESS Mrs. Lydia Amelon, Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Care, no jury. All evidenced</i> ANTECEDENT CAUSES <i>Shown that death was due to heart</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Condition. Probably Apoplexy</i> DUE TO (b) <i>slid on the road to a Hospital</i> DUE TO (c) <i>No indications of violence or foul play</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Apoplexy</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Mexico</i> <i>County</i> <i>Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>none</i>		334X	
22. I hereby certify that I attended the deceased from <i>Coronary, Past</i> , 19__, that I last saw the deceased <i>living on Aug. 28, 1950</i> , and that death occurred at <i>5 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>L. C. Adams M.D. coroner</i>				23b. ADDRESS <i>Mexico, Mo</i>		23c. DATE SIGNED <i>12-28-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 31, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>East Lawn Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Audrain County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Dec 29-1950</i>		REGISTRAR'S SIGNATURE <i>Blanche Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl E. Paul</i>		ADDRESS <i>mexico, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1951

JAN 5 1951

Date Received: JAN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-1
Date Filed: JAN 4 1951

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.....
Student Embalmer

Signed Ralph R. Thurston Jr

Licensed Embalmer No. 4687

P. O. Address. Mexico, 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.