

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41119**BIRTH NO. **74604-50** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **489**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	c. LENGTH OF STAY (In this place) 2 MONTHS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311 HARRIS		d. STREET ADDRESS (If rural, give location) 1311 HARRIS	

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) D. c. (Last) AMENT	4. DATE OF DEATH (Month) (Day) (Year) DEC. 20 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH OCT. 20, 1950	9. AGE (In years last birthday) 2 <input type="checkbox"/> UNDER 1 YEAR Months 0 Days 0 <input type="checkbox"/> UNDER 1 HR. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (State or foreign country) INDEPENDENCE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME PAUL DAVIS AMENT	13b. MOTHER'S MAIDEN NAME EDITH CRISP	14. NAME OF HUSBAND OR WIFE -----
---	---	--------------------------------------

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 PAUL DAVIS AMENT	17. ADDRESS 1311 HARRIS INDEP. 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		INTERVAL BETWEEN ONSET AND DEATH 89240 # 18
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute tubercular DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-20-50	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	----------------------------------	---

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Indep. Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-20-50 6:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Suffocation in bed clothing

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss C. Beatty, 1st Deputy Coroner	23b. ADDRESS 4050 Broadway, B.C. Mo.	23c. DATE SIGNED 12-20-50
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) JACKSON COUNTY MISSOURI
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. Dec. 21, 1950	REGISTRAR'S SIGNATURE James H. Dalgo	25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Stahl	ADDRESS Indep. Mo.
--	--	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

DEC 27 RECD

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.

Signed.....
Student Embalmer

Signed *M. Marion*
Student Embalmer No.....

Licensed Embalmer No. *3456*

P. O. Address *Indep. 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.