

FILED MAR 10 1951  
0040THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3702

BIRTH NO. 1 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4017 Registrar's No. 4

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) OR TOWN Farber		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farber	
c. LENGTH OF STAY (In this place) 25 YEARS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Amidon			4. DATE OF DEATH (Month) (Day) (Year) Feb 24, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 27, 1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Month Day Hours		IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Cincinnati, Missouri			12. CITIZEN OF WHAT COUNTRY? US		
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13a. FATHER'S NAME Sam Perry Tipton			13b. MOTHER'S MAIDEN NAME Susan M. Haynie			14. NAME OF HUSBAND OR WIFE Edwin Amidon		
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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 Lloyd Verdier, Louisiana, Mo.			
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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) Hemorrhage from Stomach  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bant's Disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  1 yr  2980	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June, 1950, to Feb 24, 1951, that I last saw the deceased alive on Feb 24, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W B Baize DD2			23b. ADDRESS Laddonia Mo.			23c. DATE SIGNED 2-27-51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 26, 1951		24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery		24d. LOCATION (City, town, or county) (State) Farber, Missouri			
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DATE REC'D BY LOCAL REG Feb 28 1951		REGISTRAR'S SIGNATURE Mable Fugate		FUNERAL DIRECTOR'S SIGNATURE W. W. Water		ADDRESS Vandalia, Missouri			
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-57-575  
Date Filed: MAR 8 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 Thos. B. Waters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.