

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9707

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6035</u>		Registrar's No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>RIPHEY, JORDAN TWP.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>RICHMOND</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN R#2</u>		c. LENGTH OF STAY (In this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OLNEY</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S</u>				d. STREET ADDRESS (If rural, give location) <u>709 ST JOHNS STREET.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>AMETER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-1951</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>7-22-1872</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>7</u>		11. DAYS <u>22</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ORDERLY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOSPITALS</u>		11. BIRTHPLACE (State or foreign country) <u>OLNEY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>FREDERICK W. AMETER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGERET GUYOT</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE BURKE AMETER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace B. Ameter Doniphan 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hepatitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> DUE TO (c) <u>I</u> 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		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan -</u> , 19 <u>49</u> , to <u>3-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 11</u> , 19 <u>50</u> , and that death occurred at <u>6:00 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Edwards MD</u> (Degree or title)				23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>3-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DONIPHAN MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-23-51</u>		REGISTRAR'S SIGNATURE <u>E. J. Johnston</u> <u>277</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Edwards Doniphan Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 12 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.....

3-14-1951

working under my personal supervision.

Student Embalmer No.

Signed.....

Leo P. Lusk

Signed.....
Student Embalmer

Licensed Embalmer No. 3475

P. O. Address Omaha, Missouri

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.