

No. 300
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FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15223

070
3

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

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>6202</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLL</u>		c. LENGTH OF STAY (In this place) <u>29 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville, Mo</u>		<u>1070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Emil</u>		c. (Last) <u>Amann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 5-1879</u>		9. AGE (In years last birthday) <u>71</u> If under 1 year: Months <u>4</u> Days <u>21</u> If under 24 hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pechler Station, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Amann</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hiedbrant</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Amann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond A Amann</u>				ADDRESS <u>Summersville, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Chronic Valvular disease</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>51</u> , to <u>April</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 24</u> , 19 <u>51</u> , and that death occurred at <u>1:30p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Lawrence Hampton</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Summersville</u>			23c. DATE SIGNED <u>4/30/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summersville</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 2/51</u>		REGISTRAR'S SIGNATURE <u>Anna Robert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Duncan</u>		ADDRESS <u>Funeral Home Mtn View, mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 8 1951

Dist. File 551-9104

Date Filed 5-9-51

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed John L. Heenan
Licensed Embalmer No. 2516

P. O. Address M & View 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.