

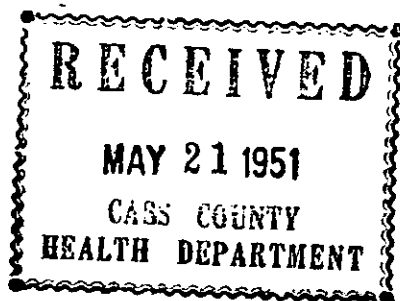
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH15896
State File No. _____

FILED MAY 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>4093</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Lynne</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Lynne</u>		0122	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle) <u>S.</u>		c. (Last) <u>Ammon</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 18 - 1857</u>		9. AGE (in years last birthday) <u>94</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>		11. IF UNDER 1 HRS. Hours <u>21</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wooster Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nelson Weller</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Stone</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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada Stone</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES 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>2 days</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 7 1951</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>May 7, 1951</u> , to <u>May 9, 1951</u> , that I last saw the deceased alive on <u>May 8, 1951</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Triplett M.D.</u>		(Degree or title)		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>5-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>East Lynne Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. O. Hartzler</u>		ADDRESS <u>East Lynne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

A handwritten signature in cursive script, appearing to read "J. O. Wartzler".

Licensed Embalmer No. 2717

P. O. Address East Lynne 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.