

S. No. 300
V. 10.48

FILED MAY 22 1951

STANDARD CERTIFICATE OF DEATH

16977

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 217

1495

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u> <u>0490</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>105 S. Roney</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Marion</u> c. (Last) <u>AMOS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-17-1907</u>		9. AGE (In years last birthday) <u>43</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	

13a. FATHER'S NAME <u>Graves Ellison Amos</u>		13b. MOTHER'S MAIDEN NAME <u>Alice C. Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Olis Amos</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>499 24 1009</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olis Amos, wife, Carl Junction</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (b) _____			
		DUE TO (c) <u>Previous Coronary Occlusion</u>		<u>31 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 26 Apr 1951, to 26 Apr 1951, that I last saw the deceased alive on 26 Apr 1951, and that death occurred at 10:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert F. Panel</u> (Degree or title)		23b. ADDRESS <u>Galena Kansas</u>		23c. DATE SIGNED <u>30 Apr 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Jett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-14-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FURNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Carl Junction, Mo</u>	
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RECEIVED 5-21-51
Jasper County Health Office

County File Number 51/4/126
Date Filed 5-21-51

JUN 30 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 Mepel

working under my personal supervision.

Student Embalmer No.

Signed Blayton M. Johnston

Signed.....
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.