

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21858

State File No. \_\_\_\_\_

FILED JUL 2 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 36225 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Billings</u>	
c. LENGTH OF STAY (in this place) <u>0-8-21</u>		d. STREET ADDRESS (If rural, give location) <u>Rural #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>State Hospital #3.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fredrick W</u>	b. (Middle)	c. (Last) <u>Amoler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-19-1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u>23</u>
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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 <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Amoler</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Galt</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Amoler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Amoler</u>	ADDRESS <u>Billings Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs +</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <input checked="" type="checkbox"/>		
	DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 9-21-, 1950, to 6-12-, 1951; that I last saw the deceased alive on 6-12-, 1951, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.R. Bunch M.D.</u>	23b. ADDRESS <u>State Hospital #3.</u>	23c. DATE SIGNED <u>6-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-18-51</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clever, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48  
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED JUN 26 1951

Dist. File 651-1380

Date Filed 6-28-51

VS MAY 15 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

*John Dean Harris*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Claver, 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.