

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26585

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>764</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0396</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital D. O. A.</u>				d. STREET ADDRESS (If rural, give location) <u>1500 East Mill</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Amos</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 5 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>Sept 20, 1883</u>		9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months _____	# UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Amos</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Callison 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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eva Callison Amos, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock and concussion</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>instant</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 125</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4 mi South of Nixa, Christian, Mo.</u>				
21d. TIME OF INJURY <u>9 5 1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Wreck (Truck & Car)</u>				
22. I hereby certify that I attended the deceased from _____, to _____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. E. Allen Plakos, Coroner</u>				23b. ADDRESS <u>407 Medical Arts Bldg.</u>		23c. DATE SIGNED <u>9-6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McConnell</u>		24d. LOCATION (City, town, or county) (State) <u>Nixa, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-6-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		ADDRESS <u>Springfield, Mo.</u>		

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

SEP 29 1951

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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 Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No 4293

P. O. Address Springfield, 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.