

DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville, City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville, Missouri City</u>	
c. LENGTH OF STAY (in this place) <u>All of life</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gainesville, Mo. City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sidney</u> b. (Middle) <u>Fulton</u> c. (Last) <u>Amyx</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-- 6---51</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>March/4/1872</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 24 HRS. Days <u>2</u>		Hours <u></u>		Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Owner-Car Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>			11. BIRTHPLACE (State or foreign country) <u>Ozark County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Matthew Amyx</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Davis</u>			14. NAME OF HUSBAND OR WIFE <u>Edna Patterson Amyx</u>		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Ralph Amyx</u>		ADDRESS <u>Gainesville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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>5 mo</u>	
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19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 9/1/51, 1951, to 12/6/51, 1951, that I last saw the deceased alive on 12/5/51, and that death occurred at 2 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Hoerneman</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Gainesville, Mo</u>		23c. DATE SIGNED <u>12/8/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (A)</u>		24b. DATE <u>12/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12/10/51</u>		REGISTRAR'S SIGNATURE <u>Thana Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home</u>		ADDRESS <u>Gainesville Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

5770

DIVISION OF HEALTH; CP 110.  
District No. 5 - Springfield

RECEIVED | DEC 12 1951

Dist. File 1257-3130  
Date Filed 12-13-51

FEB 1 1952

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.....  
Student Embalmer

Signed Chuter A. Roof

Licensed Embalmer No. 83044

P. O. Address Spainville

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.