

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

2037

BIRTH NO.		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5780</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline</u>		c. LENGTH OF STAY (in this place) <u>51 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline</u>		<u>164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. Etterville</u>				d. STREET ADDRESS (If rural, give location) <u>Rural No. Etterville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robbie</u>		b. (Middle) <u>Haywood</u>		c. (Last) <u>Amos</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 18, 1900</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Haywood Amos</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bond</u>		14. NAME OF HUSBAND OR WIFE <u>Annabell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-30-9435</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annabell Amos</u>		ADDRESS <u>Etterville</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Primary Kidney metastasizing to lung - bone</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(S KILL)</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Jan 51</u> , 19 <u>51</u> , to <u>Jan 8 1952</u> , that I last saw the deceased alive on <u>Dec 15, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Shetter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Alberta W. Walters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis P. Phillips</u>		ADDRESS <u>Eldon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1933
JAN 14 1934
MILLER C. HEALTH
DEPARTMENT

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 Ernest L Young

Licensed Embalmer No. 4725

P. O. Address Eldon, 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.