

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 7306

FILED MAR 24 1952

BIRTH NO.		REG. DIST. NO. <u>21</u>	PRIMARY REG. DIST. NO. <u>5100</u>	Registrar's No. <u>2</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin</u> <u>0090</u>		
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Merwin</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Merwin</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Wesley</u>		c. (Last) <u>Amidon</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-52</u>				
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>12-8-1856</u>	9. AGE (In years last birthday) <u>95</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>12</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Amidon</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Amidon</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice Hardman Merwin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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>many years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Feb. 27, 1952</u> to <u>Mar. 10, 1952</u> , that I last saw the deceased alive on <u>Mar. 10, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u>		23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>3-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		24b. DATE <u>3-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>				
DATE REC'D BY LOCAL REG. <u>3-15-52</u>		REGISTRAR'S SIGNATURE <u>L. A. Mangold</u> <u>18</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cubee-Underwood Butler, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Robert G. Steinbeck*

Licensed Embalmer No. ....

*4657*

P. O. Address.....

*Butler, 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.