

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8186

State File No. _____

FILED MAR 28 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4224 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY HOWARD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY HOWARD

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW FRANKLIN c. LENGTH OF STAY (In this place) 54 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW FRANKLIN MO.

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) 113 N. Union

3. NAME OF DECEASED
a. (First) LOCKE b. (Middle) HARDIMAN c. (Last) AMICK

4. DATE OF DEATH (Month) (Day) (Year) MAY 14-1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Apr. 6-1886 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Gas. Stationer 11. BIRTHPLACE (State or foreign country) Howard Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM P. AMICK 13b. MOTHER'S MAIDEN NAME ALICE ELIZABETH HAYES 14. NAME OF HUSBAND OR WIFE HILDA HALSTED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 722-01-6033 17. INFORMANT'S SIGNATURE OR NAME E. Lang ADDRESS New Franklin

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (b) arteriosclerosis (c) myocardium

ANTECEDENT CAUSES
Morbidity 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. apoplexy cerebral thrombosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 3 1951, to May 14, 1952, that I last saw the deceased alive on 3-14, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. L. Henderson M.D. 23b. ADDRESS New Franklin 23c. DATE SIGNED 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE May 16-52 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove 24d. LOCATION (City, town, or county) (State) Loonville Mo.

DATE REC'D BY LOCAL REG. March 16 '52 REGISTRAR'S SIGNATURE Mary H. Phelan 436 FUNERAL DIRECTOR'S SIGNATURE N. L. Hall ADDRESS New Franklin

(Licensed Embalmer's Statement on Reverse Side)

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

MS JUN 29 1966

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.

Signed

N. L. Hall

Signed.....
Student Embalmer

Licensed Embalmer No.

3515

P. O. Address

New Franklin, Me

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.