

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

15457

State File No.

FILED MAY 26, 1952

BIRTH NO. 37375 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier Mo. Rural</u>	
c. LENGTH OF STAY (in this place) <u>9 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Parents Live 4 Miles South of Bevier</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hos.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Franke</u>	b. (Middle) <u>Steven</u>	c. (Last) <u>Amedi</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-1952</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>Never Married</u>	8. DATE OF BIRTH <u>5-5-1952</u>	9. AGE (In years) (Month) (Day) (Year) <u>last birthday</u> <u>0</u> <u>11</u> <u>0</u>	IF UNDER 1 YEAR <u>0</u> Months	IF UNDER 24 HRS. <u>11</u> Hours	IF UNDER 1 MIN. <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Samaritan Hospital, Macon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Waldo Amedi</u>	13b. MOTHER'S MAIDEN NAME <u>Verna Sandner</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>Mrs. Waldo Amedi</u>	ADDRESS <u>Bevier, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Congenital Anemia</u> <u>Cerium Bifidum</u>		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 7, 1952 to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 3:48 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold G. Mansel Do</u> (Degree or title)	23b. ADDRESS <u>Roth Hospital, Kirkville, Mo.</u>	23c. DATE SIGNED <u>5-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-19-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u>	ADDRESS <u>Bevier, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) James B. Nowes

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James P. Davis
Licensed Embalmer No. 4478

P. O. Address Bevier, 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.