

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35998

State File No. \_\_\_\_\_

NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>258</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>4 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.D. Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>H.D. Johnson</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>—</u> c. (Last) <u>AMES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-6-1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June-15-1883</u>			
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Ames</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Slaughter</u>		14. NAME OF HUSBAND OR WIFE <u>Albia Ames</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>348-05-8691</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albia Ames Moberly MO.</u>		ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>over exertion</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>1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>H201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) <u>Natural</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:40</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas. E. Harris Coroner Moberly MO.</u>				23b. ADDRESS <u>Nov 6-52</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly MO.</u>			
DATE REC'D BY LOCAL REG. <u>11/8/52</u>		REGISTRAR'S SIGNATURE <u>Leadwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leadwell</u>		ADDRESS <u>Leadwell</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moherly 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.