.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2467

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 50

1 PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1309 W. Main St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 1309 W. Main

3. NAME OF DECEASED (Type or Print): a. (First) Nora b. (Middle) c. (Last) Amende
4. DATE OF DEATH (Month) (Day) (Year): Feb 4, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 4, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5, Days 0 — IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Lewis Christian
13b. MOTHER'S MAIDEN NAME: Mary Jane Wilson
14. NAME OF HUSBAND OR WIFE: Charles E. Amende
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Louis Amende, Pittsburg, Calif.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 522X

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) m.
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* Nov 27, 1952, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 2:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. L. Hopkins (Degree or title) MD
23b. ADDRESS: Parkview Clinic, Sedalia, Mo. 23c. DATE SIGNED: Feb 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Feb 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Union
24d. LOCATION (City, town, or county) (State): Near Stover, Mo.

DATE REC'D BY LOCAL REG.: 2/5/53
REGISTRAR'S SIGNATURE: A. L. Campbell Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duane Ewing Sedalia, Mo.
251-C (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. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.