

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Berry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eagle Rock</u>	
c. LENGTH OF STAY (In this place) <u>7-0-74</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) <u>Ethel Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-3-53</u>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct-10-75</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 1 MIN. Minutes <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, if reported) <u>Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Ammerman</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Duke</u>	14. NAME OF HUSBAND OR WIFE <u>Wid</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If so, give no. or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>	ADDRESS <u></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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile deterioration</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 5-11-1946 to 3-3-1953 that I last saw the deceased alive on 3-3-1953 and that death occurred at 4-30pm from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Hall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Vernon Mo</u>	23c. DATE SIGNED <u>3-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-7-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Paul Horn</u>	ADDRESS <u>Carthage Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

72.

MAR 24 1955

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 William B. Cartrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.