No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1953

State File No. 19091

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 510 N Pine St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
d. STREET ADDRESS (If rural, give location) 510 N. Pine St

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Edward c. (Last) Ames

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 28, 1889
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months 10 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Mo-Ill R. Road
11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Ames
13b. MOTHER'S MAIDEN NAME Anna Crump.
14. NAME OF HUSBAND OR WIFE Blanche Ames

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. 498-10-5794
17. INFORMANT'S SIGNATURE OR NAME Blanche Ames ADDRESS Bonne Terre Mo

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) Quadriplegia — INTERVAL BETWEEN ONSET AND DEATH: 8 mths

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Incontinence

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 352x
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* 5-13-, 1953, *to* 5-26-, 1953, *that I last saw the deceased alive on* 5-24-, 1953, *and that death occurred at* 6:06 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. L. Evans (Degree or title) M.D.
23b. ADDRESS Bonne Terre Mo
23c. DATE SIGNED 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 28, 1953
24c. NAME OF CEMETERY OR CREMATORY Germania
24d. LOCATION (City, town, or county) (State) R-2 Bonne Terre Mo

DATE REC'D BY LOCAL REG. May 29, 1953
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE Benham Hall ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1959

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.