

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22042**

FILED JUL 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **2035** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>802 South St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>802 South St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albert</b>	b. (Middle)	c. (Last) <b>Amor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 7, 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 12 HRS. Days <b>5</b> Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>employee</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jasper Amor</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Wicks</b>	14. NAME OF HUSBAND OR WIFE <b>Addie M. Barnes</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Addie M. Amor, Lexington, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <b>4/19/53</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	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) (Min.)	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 **4/19/53** to **6/12/53**, that I last saw the deceased alive on **6/12, 1953**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bess H. Brashear M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lexington, Mo.</b>	23c. DATE SIGNED <b>6/19/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 14, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-24-53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
10. 48

542  
1

*2*

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

*John M. Y. Sean*

Licensed Embalmer No. 2983

P. O. Address Springfield, Missouri

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.