

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38502**

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY OR TOWN <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>West Spring St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baths Nursing Home</u>				6201			
3. NAME OF DECEASED (Type or Print) <u>Ernest</u>		a. (First) <u>R.</u> b. (Middle) <u>A.</u> c. (Last) <u>Amick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-14-1883</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David Amick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Amick El Dorado Spgs.</u> ADDRESS _____			
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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blindness</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		4221	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6 Oct., 1952</u> , to <u>15 Nov., 1953</u> , that I last saw the deceased alive on <u>15 Nov., 1953</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. H. Miller</u> (Degree or title) _____		23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>16 Nov. 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Herb L. Knowlton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Dora</u>		ADDRESS _____	

(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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address Orlando Springs, S

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.