No. 300
10.48

NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39474

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 230

0443 D

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
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): McCune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 115 W. 11th. St.

0443 D

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): W.
c. (Last): Amos

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-6-1865
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Ret'd
11. BIRTHPLACE (City and State or Foreign Country): Mooreburg, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Amos
13b. MOTHER'S MAIDEN NAME: Skaggs
14. NAME OF HUSBAND OR WIFE: Mrs. Adda Amos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Adda Amos, Carthage, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. fractured right hip — 15 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201 F
20. AUTOPSY? YES [ ] NO [X]

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* 31 Oct '53, *19*____, *to* 14 Nov'53, *19*____, *that I last saw the deceased alive on* 14 Nov'53, *19*____, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: N E Byrd
(Degree or title): M. D.
23b. ADDRESS: Carthage, Mo.
23c. DATE SIGNED: 17 Nov'53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-1953
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Grove, Missouri

DATE REC'D BY LOCAL REG.: 11-18-53
REGISTRAR'S SIGNATURE: Floyd B. Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 27 1953
Jasper County Health Office
County File Number 53-11-946
Date Filed NOV 27 1953

DEC 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B Cantrell

Licensed Embalmer No. 482

P. O. Address Carthage

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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