

S. No. 300  
Ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43304

State File No. ....

FILED JAN 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 500

7000

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>		c. LENGTH OF STAY (in this place) <u>many yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner,</u>		7000
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>his own home</u>			d. STREET ADDRESS (If rural, give location) <u>East Hi-way 24</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Henry</u>	c. (Last) <u>Ames</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30. 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 8. 1897</u>	9. AGE (In years last birthday) <u>56</u>	Months <u>1</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Pipe-liner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sinclair Oil Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Buckner Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Erastus H. Ames</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Pauline Clark Ames</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>510-01-0621</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pauline Clark Ames Buckner, Mo</u>			
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) <u>Metastatic Carcinoma nervous system</u> of Central INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Primary Carcinoma of Lungs</u> <u>8 Mo.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>August 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma of Lungs</u>			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) <u>162X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>July 10, 1953</u> , to <u>Dec. 30., 1953</u> , that I last saw the deceased alive on <u>Dec. 30., 1953</u> , and that death occurred at <u>5:30 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u> DO		23b. ADDRESS <u>Wellington, Mo.</u>		23c. DATE SIGNED <u>Dec. 31. 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 1. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo. Jan. 1. MO.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 31. 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Buckner Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1951

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 \_\_\_\_\_  
Dennis M. Reppert

Licensed Embalmer No. 4311

P. O. Address \_\_\_\_\_  
Buckman - 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.