

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Folk</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>37 Days</u>		c. CITY OR TOWN <u>Bolivar</u>		0841	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>302 Dunnegan Ave.</u>			
3. NAME OF DECEASED (First) <u>Louisa Jane</u> (Middle) <u>Ammerman</u> (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 4, 1872</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
13a. FATHER'S NAME <u>John R. Mounce</u>		13b. MOTHER'S MAIDEN NAME <u>Angelina Hall</u>		13c. NAME OF HUSBAND OR WIFE <u>Joseph Ammerman</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		15. INFORMANT'S SIGNATURE AND NAME <u>J. Ammerman</u> ADDRESS <u>Springfield, 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, assthenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>331 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Dec., 1953</u> , to <u>1-20, 1954</u> , that I last saw the deceased alive on <u>1-17, 1954</u> , and that death occurred at <u>5:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Ammerman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Arwin and Blue Bolivar, Mo.</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Sheppard R. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.