

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28079

State File No.

0520

FILED AUG 16 1954

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5616 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colony</u>		c. CITY OR TOWN <u>Colony</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0520</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u> b. (Middle) <u>James</u> c. (Last) <u>Ammons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1954</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>July 22, 1880</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>0</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fairview, West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Amos Jefferson Ammons</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wise</u>	
14. NAME OF HUSBAND OR WIFE <u>0</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>000000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Ammons</u> ADDRESS <u>Tampa, Florida</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Atherosclerosis</u> Morbidity 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.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>		22. I hereby certify that I attended the deceased from <u>Feb 10</u> , 1952, to <u>Aug. 7</u> , 1954, that I last saw the deceased alive on <u>Aug. 7</u> , 1954, and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>William J. Freitas, M.D.</u> (Degree or title)		23b. ADDRESS <u>Libron Hospital, Eding, Mo 8-9-54</u>	
23c. DATE SIGNED <u>Aug 9-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/10/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colony Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Colony, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Laddell, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Aug 9-54</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MS
OCT 17 1960

SEP 2
1954

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 myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Corder Jr.
Licensed Embalmer No. 432

P. O. Address LaBelle,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.