

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1832

State File No.

BIRTH NO. FILED JAN 24 1955 REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4341 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Bellflower b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Montgomery City		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Montgomery City
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		f. STREET ADDRESS (If rural, give location) Bellflower Twn	

3. NAME OF DECEASED (Type or Print) a. (First) Amy Clara b. (Middle) Tancill c. (Last)			4. DATE OF DEATH Jan 5 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2 Oct 23 1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY General Duties	11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co Mo,		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Fleet		13b. MOTHER'S MAIDEN NAME Rebecca Boyce		14. NAME OF HUSBAND OR WIFE Robert Tancill (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Sommers St. Louis 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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) Bellflower - Montgomery Mo	
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 5-Jan, 1955, to _____, 19____, that I last saw the deceased alive on 2 Jan, 1955, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence W. Lambert		23b. ADDRESS Smoky Valley City		23c. DATE SIGNED 6 Jan 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 8 1955		24c. NAME OF CEMETERY OR CREMATORY Bellflower	
24d. LOCATION (City, town, or county) (State) Bellflower Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wanda C. Jones		ADDRESS Bellflower Mo.	

DATE REC'D BY LOCAL REG. 1-10-55 REGISTRAR'S SIGNATURE Miss May Miller (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0700
1

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

Student.....
Signature of Student Embalmer

Signed..... *David L. Jones*.....

Licensed Embalmer No..2978....

P. O. Address ..Bellflower..

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.