

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9173

State File No.

BIRTH NO. 9751-55 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Randolph 0883</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 hours</u>		c. CITY OR TOWN <u>Moberly</u>		d. Residence within limits of a city or incorporated town? Yes ☒ No ☐ <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McComick Hospital</u>				STREET ADDRESS (If rural, give location) <u>1020 Buchanan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DENNIS</u> b. (Middle) <u>EARL</u> c. (Last) <u>AMES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April-1-1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb-12-1955</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Floyd Earl Ames</u>				13b. MOTHER'S MAIDEN NAME <u>Marjorie Frances Kirkendall</u>			
14. NAME OF HUSBAND OR WIFE <u>none</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd E. Ames Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</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 ☐ 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Feb 12</u> , 19 <u>55</u> , to <u>April 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 1</u> , 19 <u>55</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. McComick D.O. 2</u>				23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo</u>		23c. DATE SIGNED <u>4-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 2-55</u>		REGISTRAR'S SIGNATURE <u>Deane L. House</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u>		ADDRESS <u>Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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.