

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16196

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>514 No. Stewart</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Catherine</u> c. (Last) <u>AMOS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 55</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 26 - 1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. AGE (In years last birthday) <u>66</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>La Monte Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			
13a. FATHER'S NAME <u>Sterling Price Berry</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret E. Shepherd</u>			
14. NAME OF HUSBAND OR WIFE <u>Leon Amos</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Leon Amos</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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C coronary Artery disease</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"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>May-15, 1955</u> , to <u>May 20, 1955</u> , that I last saw the deceased alive on <u>May-20, 1955</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clavin L. Lowe</u>				23b. ADDRESS <u>Sedalia, Mo</u>			
23c. DATE SIGNED <u>5-21-55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>5-23-55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>			
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>			
25. ADDRESS <u>Sedalia</u>				26. DATE REC'D BY LOCAL REG. <u>5-23-55</u>			
26. REGISTRAR'S SIGNATURE <u>Norma Coontz Deputy</u>				27. LICENSED EMBELLISHER'S STATEMENT ON REVERSE (If any)			

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
Student Embalmer

Signed

K.P.M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.