

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16289

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6000</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> )				
b. CITY (If outside corporate limits, write RURAL and give town OR <u>Rural Jasper</u> )		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY OR TOWN <u>Vandalia</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 <u>5 miles NW Vandalia</u>				f. STREET ADDRESS (If rural, give location) <u>302 West Walsh Blvd 0041</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u> b. (Middle) <u>Lee</u> c. (Last) <u>Aman</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>24</u> (Year) <u>1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	8. DATE OF BIRTH <u>August 28, 1894</u>		9. AGE (In years (at birthday) <u>61</u> Months <u>9</u> Days <u>4</u> Hours <u></u> Min. <u></u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Princeville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Peter Aman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Bontz</u>		14. NAME OF HUSBAND OR WIFE _____				
15. 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>500-18-3592</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs H. C. Frey, Vandalia, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 M. Made</u> <u>YRS</u>	
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) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		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>1940 to 5-24/1955</u> , that I last saw the deceased alive on <u>5-22, 1955</u> and that death occurred at <u>79 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. M. Mathews</u> (Degree or title) <u>W.D.</u>				23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>5-31-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5/4/55</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B Waters</u>		ADDRESS <u>Vandalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1956

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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 *William B. Gater*

Licensed Embalmer No... *41*

P. O. Address... *Waukegan*

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.