

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19462

FILED JUN 29 1955

BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 578D		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY MILLER b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ETTERVILLE c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER c. CITY OR TOWN ETTERVILLE d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ e. STREET ADDRESS (If rural, give location) 0660			
3. NAME OF DECEASED (Type or Print) a. (First) HAYWOOD b. (Middle) AMOS c. (Last) AMOS		4. DATE OF DEATH JUNE 13 1955		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR. 7, 1871 9. AGE (In years last birthday) 84 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) COLE CO., MO. 0		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ELIJAH AMOS 13b. MOTHER'S MAIDEN NAME ANN SHIKLES 14. NAME OF HUSBAND OR WIFE MARY B. AMOS		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 Floyd Amos ADDRESS Eldon	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 12 hrs.		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) m. 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 6/12, 1955, to 6/13, 1955, that I last saw the deceased alive on 6/13, 1955, and that death occurred at 8:30 a. m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) J. E. Murrell, D.O. 2 23b. ADDRESS Eldon, Mo. 23c. DATE SIGNED 6/15/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 15, 1955 24c. NAME OF CEMETERY OR CREMATORY ALLEN 24d. LOCATION (City, town, or county) (State) OLEAN Mo.		25. FUNERAL DIRECTOR'S SIGNATURE June 15, 1955 Aldenetta Walden 25. ADDRESS Aldenetta Walden					

(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 Louis D. Phillips, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 364

P. O. Address Eden

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.