

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37959

State File No. ....

9659

FILED NOV 18 1955  
BIRTH NO. 79480-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi				b. COUNTY					
b. CITY OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Pachute, Clark Co.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) -----							
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Mack		c. (Last) Amacker		4. DATE OF DEATH (Month) (Day) (Year) 11 5 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 11/3/1955		9. AGE (In years last birthday) if UNDER 1 YEAR Days 2 if UNDER 2 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). none			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Dempsey T. Amacker			13b. MOTHER'S MAIDEN NAME Margaret Driskell			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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dempsey T. Amacker					ADDRESS Pachute Miss.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital defect</u> DUE TO (c) <u>Hypoxic menbrano disease?</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			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  762.0						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>11-3</u> , 19 <u>55</u> , to <u>11-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>55</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>WMA Driskell</u>				(Degree or title) <u>MD</u>				23b. ADDRESS <u>634 N Grand</u>		23c. DATE SIGNED <u>11-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/1955		24c. NAME OF CEMETERY OR CREMATORY Pachuta Cemetery		24d. LOCATION (City, town, or county) (State) Pachuta, Clark Co., Miss.					
DATE REC'D BY LOCAL REG. NOV 7 1955		REGISTRAR'S SIGNATURE <u>WMA</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Danahy</u>		ADDRESS 3840 Lindell Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Francis Welborn*.....

Licensed Embalmer No. *350*.....

P. O. Address *3840 Lincoln*.....

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.