

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5796**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>112</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>Sedalia</b>		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 <b>Bothwell Hospital</b>				STREET ADDRESS (If rural, give location) <b>1100 South Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>HERNDON</b>		c. (Last) <b>AMOS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 17, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 29, 1872</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MKT railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County, Missouri</b>		9. AGE (In years last birthday) <b>83</b>	
13a. FATHER'S NAME <b>Benjamin Amos</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Fielder</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Amos</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-07-5078</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Genevieve Bruce, Sedalia, Mo</b>		ADDRESS	
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) <b>Extensive Terminal Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Intestinal Obstruction</b>				<b>5 days</b>	
		DUE TO (c) <b>Intra-abdominal adhesions</b>				<b>Years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Cholelithiasis, Chronic Duodenal ulcer</b>				<b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5705</b>				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) 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 <b>Feb 12, 1956</b> , to <b>Feb 17, 1956</b> that I last saw the deceased alive on <b>Feb 16, 1956</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>G. L. Walter</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>Feb 17-1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 20, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-18-56</b>		REGISTRAR'S SIGNATURE <b>Lavina Boon, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Beckert</b>		ADDRESS <b>Sedalia, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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.....

Licensed Embalmer No. 3471

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.