

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No. 8006

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 5098		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give town) Rural- Butler		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural-Butler		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Summit Township				e. STREET ADDRESS (If rural, give location) Summit Township			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Omer		c. (Last) Amick	
4. DATE OF DEATH		(Month) March		(Day) 16,		(Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 11, 1904	
9. AGE (in years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) Over Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ira Amick		13b. MOTHER'S MAIDEN NAME Nealie Page		14. NAME OF HUSBAND OR WIFE Bessie Amick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-36-7337		17. INFORMANT'S SIGNATURE OR NAME Bessie Amick, Butler Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 instant	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. A. Slickman M.D.		(Degree or title)		23b. ADDRESS Appleton City, Mo.		23c. DATE SIGNED Mar 17 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/56		24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs		24d. LOCATION (City, town, or county) (State) El Dorado Springs Mo;	
DATE REC'D BY LOCAL REG. MAR 19-56		REGISTRAR'S SIGNATURE Kendall Kersey		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				El Dorado Funeral Home, Osceola			

(Licensed Embalmer's Statement on Reverse Side)

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 *J. B. Basenich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Greenville, S.C.*.....

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.