

FILED MAY 31 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15405

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair 0013</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair 0013</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u> )		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>Kirksville</u>		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				STREET ADDRESS (If rural, give location) <u>118 S. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLEN</u>		b. (Middle) <u>LEONARD</u>		c. (Last) <u>AMON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 23 1892</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leather Repairing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saddle &amp; Harness</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James Allen Amon</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Scrivens</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Lucille Amon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>490-10-7171</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice L. Amon, Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis - chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Heart</u> DUE TO (c) <u>Hypertension</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>5 yrs</u> <u>2 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>				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 <u>10-13-1946</u> to <u>May 21, 1956</u> , that I last saw the deceased alive on <u>May 21, 1956</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ad Sticklein</u> (Degree or title)				23b. ADDRESS <u>Mo. Kirksville Mo</u>		23c. DATE SIGNED <u>5-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Refuge</u>		24d. LOCATION (City, town, or county) (State) <u>Adair, Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Novak Foster</u>		ADDRESS <u>Kirksville, Mo.</u>	

(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 *Howe E Foster*.....

Licensed Embalmer No. 4742

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.