

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27278**

FILED AUG 29 1956

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5368** Registrar's No. **368**

1. PLACE OF DEATH a. COUNTY Jackson (Rural Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ind3pendence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 25 Mon.		e. STREET ADDRESS (If rural, give location) 420 N Liberty St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 Pines Retirement Home			

3. NAME OF DECEASED (Type or Print) AMELIA A.M.	a. (First)	b. (Middle)	c. (Last) AHMANN	4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1956
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5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23 1870	9. AGE (In years) 86 (Month) 0 (Day) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Marhhasville Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Knoepker	13b. MOTHER'S MAIDEN NAME Schowengerdt	14. NAME OF HUSBAND OR WIFE August E Ahmann
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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 Elmer W Ahmann	ADDRESS Indep. Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		2 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pyelitis		4 wks
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Dis 10 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 10000	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 1, 1956**, to **Aug 18, 1956**, that I last saw the deceased alive on **Aug 17, 1956**, and that death occurred at **6:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. H. Eschelman M.D.	23b. ADDRESS 4233 Blue Ridge Blvd, K.C. Mo.	23c. DATE SIGNED Aug 20, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 20 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. 8-20-56	REGISTRAR'S SIGNATURE James Craig	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Mitchell	ADDRESS Indep. Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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NO. 10 15 .00 .00 10 10 15
NO. 10 15 .00 .00 10 10 15

MAY 24 1957

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. 3156

P. O. Address *Indep. 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.