

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

20184-57

STATE FILE NUMBER

113

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cassville Hosp.		d. STREET ADDRESS (If outside, give location) 104 Pearl St.	
3. NAME OF DECEASED (Type or print) First SHERRY Middle LYNN Last AMOS		4. DATE OF DEATH Month Jan. Day 30 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 9 Days 6 IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) Purdy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oscar Amos		13b. MOTHER'S MAIDEN NAME Marie Lansdown	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT J. Oscar Amos Address Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Typhemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Gastro. enteritis (suppurative) DUE TO (c) 56 hrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 482K		INTERVAL BETWEEN ONSET AND DEATH 56 hrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY Barry STATE Mo.	
21. I attended the deceased from 4-24-57 to 1-30-58 and last saw her alive on 1-30-58 Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Buchanan (Degree or title)		22b. ADDRESS Purdy Mo	
22c. DATE SIGNED 2/1/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/3/58	
23c. NAME OF CEMETERY OR CREMATORY Arnhart		23d. LOCATION (City, town, or county) (State) Barry County, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. Feb 4-1958	
26. REGISTRAR'S SIGNATURE Gease Williams			

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 258-36

DATE REC. 2-10-58

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. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.