

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030066

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Vichy Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Length of stay in 1b 11y, 6m, 14d	d. STREET ADDRESS (If outside, give location) unknown Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NOEL ID. AMMERMAN			4. DATE OF DEATH Month Day Year August 14, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 23, 1911
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days 3 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vichy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A. S. Ammerman	
13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE Ethelyn Bray Ammerman	
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. unknown	17. INFORMANT Address Records, State Hospital No. 4, Farmington, 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) Chronic lymphoid leukemia			INTERVAL BETWEEN ONSET AND DEATH Abt. 8 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) 2040			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Praecox Psychosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 STATE
21. I attended the deceased from March 11, 1958 to August 14, 1958 last saw ^{him} live on August 14, 1958 Death occurred at 3:15 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John C. Brennan M.D.</i>		(Degree or title)	22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 8-14-58			
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE Aug. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Belle, Mo.
24. FUNERAL DIRECTOR Lee-Johnson, Newburg, Missouri		25. DATE RECD. BY LOCAL REG. Aug 14, 1958	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chicozeau*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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.