THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001905
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY: Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Laclede	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lebanon	Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Lebanon 0530 0	Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wallace Hospital	Length of stay in 1b: —	d. STREET ADDRESS (If outside, give location): Plato Star Rt	Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Abram	Hugh	Amos	February	2	1959

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Dec 20, 1879	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Cole County, Missouri	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
James W. Amos	Sarah Dawson	Cora E. Amos

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	Address
No	None	Wilbert Amos	Columbia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Severe Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): 2nd to Peptic ulcer.

DUE TO (c): 5400

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Strangulated Ret. Inguinal Hernia

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
None	
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	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 2/1/59 to 2/2/59 and last saw her/him alive on 2/2/59

Death occurred at 5:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title)	22b. ADDRESS	22c. DATE SIGNED
George E. Oliver M.D.	Lebanon, Mo	2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Feb 4, 1959	City Cemetery	Lebanon Missouri

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Dorsey M. Howe Lebanon, Mo.	2-4-1959	Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 0 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 22 1951

Date Filed [illegible]

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, T

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.