

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031305

FILED VS SEP 1 0 1959

STATE FILE NUMBER

Registration-District No. 362 Primary Registration District No. 6732 Registrar's No. 42

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|--|--|---|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY WARREN | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WARREN | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRIDGEPORT | | Length of stay in 1b 8 mo | | c. CITY OR TOWN 2 1/2 miles SW of Joplin | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 miles S.W. of Joplin | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) (Bridgeport Josp) | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ANTHONY Middle B Last AMSINGER | | | | 4. DATE OF DEATH Month 8 Day 28 Year 59 | | | | | |
| 5. SEX Male | | 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 1-17-96 | | 9. AGE (last birthday) 63 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) ST. CHARLES MO | | 12. CITIZEN OF WHAT COUNTRY U.S.A | | | |
| 13. FATHER'S NAME Joseph AMSINGER | | | 13b. MOTHER'S MAIDEN NAME THERESA MERTENS | | | 14. NAME OF HUSBAND OR WIFE St. Peter | | | |
| 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. 487189427 | | 17. INFORMANT Address St. Peter EMMETT AMSINGER | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Sudden | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 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 Aug. 28 59 | | 20d. INJURY OCCURRED WHILE AT WORK <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.) Joplin Rural Home Mo. | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from In hospital , to admission of last saw her/him alive on — Death occurred at not known on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) P. H. Knigge D.C. Coronar | | | | 22b. ADDRESS Warrenton Mo | | | | 22c. DATE SIGNED Aug 31 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 9-1-59 | | 23c. NAME OF CEMETERY OR CREMATORY St. Peter | | 23d. LOCATION (City, town, or county) (State) St Charles Mo | | | |
| 24. FUNERAL DIRECTOR L. A. Hocking | | | | ADDRESS Joplin Mo | | 25. DATE RECD. BY LOCAL REG. Sept. 1. 1959 | | 26. REGISTRAR'S SIGNATURE Floyd Logan | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

