

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 14 1960

-60-019206

STATE FILE NUMBER

Registration District No. 582 Primary Registration District No. 4228 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glasgow		Length of stay in lb 3 months		c. CITY OR TOWN Glasgow		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Market Street		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) R.R. E - 6 mi. S. Glasgow		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First William Middle Franklin Last Amick				4. DATE OF DEATH Month June Day 1 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Dec. 1, 1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 65 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and state or country) Lisbon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm. F. Amick, Sr.		13b. MOTHER'S MAIDEN NAME Wilmoth Stanley		14. NAME OF HUSBAND OR WIFE Thurston Amick - Glasgow, Missouri			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. not available		17. INFORMANT Address Thurston Amick - Glasgow, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of head						INTERVAL BETWEEN ONSET AND DEATH Immed	
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) Partial Paralysis						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY 7:00 p.m.	Month, Day, Year 6-1-60						
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.) Home	20f. CITY, TOWN, OR LOCATION Glasgow		COUNTY Howard	STATE Mo		
21. I attended the deceased from 6-1-60 to 6-1-60 and last saw him alive on 6-1-60		Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. B. Sloan M.D.		(Degree or title)		22b. ADDRESS Fayette Mo		22c. DATE SIGNED 6-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1960	23c. NAME OF CEMETERY Washington Cemetery		23d. LOCATION (City, town, or county) Glasgow, Missouri		(State)	
24. FUNERAL DIRECTOR Friemonth Funeral Service - Glasgow, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. June 6, 1960		26. REGISTRAR'S SIGNATURE Walker Audsley	

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STATEMENT BY LICENSED EMBALMER

P. O. Address Haragow

If this body is not embalmed, fact should be so stated above.

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