RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 14 1960

-60-019206
STATE FILE NUMBER

Registration District No. 3882 Primary Registration District No. 4228 Registrar's No. 16

IDED

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Glasgow
Length of stay in 1b: 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Market Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Glasgow
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, 189½

9. AGE (last birthday): 65

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W.W. I

16. SOCIAL SECURITY NO.: not available

17. INFORMANT Address: Thurston Amick - Glasgow, 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): 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 Hour: 7:00 a.m. 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 her/him alive on 6-1-60 dead

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 (Degree or title): W. A. Bloom M.D. + Coroner

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 OR CREMATORY: Washington Cemetery

23d. LOCATION (City, town, or county) (State): Glasgow, Missouri

24. FUNERAL DIRECTOR ADDRESS: Friemonth Funeral Service - Glasgow, Mo.

25. DATE RECD. BY LOCAL REG.: June 6, 1960

26. REGISTRAR'S SIGNATURE: Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUN 17 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 392

P. O. Address Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.