

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020617

FILED VS. MAY 25 1960

318

Primary Registration District No. 1003

Registrar's No. 4778

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Washington			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		c. CITY OR TOWN New Matamoras	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert W. Amos			4. DATE OF DEATH Month Day Year May 3, 1960		
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 4/20/1912	9. AGE (last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maritime Employee		10b. KIND OF BUSINESS OR INDUSTRY Barge Lines		11. BIRTHPLACE (City and state or country) Washington County, Ohio	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Robert E. Amos		13b. MOTHER'S MAIDEN NAME Arilla Wilson	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Arch Amos, New Matamoras, Ohio		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>I did find an Aneurysm</i>		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 type="checkbox"/>	
20a. OCCIDENT SUICIDE HOMICIDE <i>of you</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>He fell from the parking lot at Grand and Chestnut Streets 6:20 pm. May 3, 1960. Cause and manner of same could not be determined.</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>6:20 p.m. 5-3-60</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Parking Lot</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo 936-848</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Patrick Taylor Carauer</i>			
22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5.6.60.</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>5-5-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New Matamoras, Ohio</i>	
23d. LOCATION (City, town, or county) (State) <i>New Matamoras, Ohio</i>		24. FUNERAL DIRECTOR <i>Albert H. Hoppe Inc., 4700 Washington, Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 5 1960</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Lawrence M. Bill

Licensed Embalmer No. 4375

P. O. Address St. Louis, 23. W.

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.