

FILED VS SEP 19 1960

THE DIVISION OF HEALTH AND WELFARE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 374 Primary Registration District No. 4550 Registrar's No. 26

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sheridan</u>		c. CITY OR TOWN <u>Sheridan</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>in Sheridan</u>		d. STREET ADDRESS (If outside, give location) <u>1130</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Vada Pearl Ames</u>		4. DATE OF DEATH Month Day Year <u>September-12-1960</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December-27-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sales lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County</u>
13a. FATHER'S NAME <u>Francis Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd Ames</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>500-07-5708</u>	17. INFORMANT Address <u>Floyd Ames Sheridan Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus 2yrs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>17yrs</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
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 <u>1946</u> , to <u>Sept 12, 1960</u> and last saw ^{her} _{him} alive on <u>Sept 10, 1960</u> Death occurred at <u>1:50pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank B Matteson MD</u>		22b. ADDRESS <u>Grant City, Mo</u>	22c. DATE SIGNED <u>9/14/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>burial</u>	<u>September-14-1960</u>	<u>Cedar Hill</u>	<u>Blythedale Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>John Andrews Grant City Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>9-15-1960</u>	26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>

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 John Anderson, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Anderson
Licensed Embalmer No. 4211
P. O. Address Grant City, Mo.

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.