

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009353

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 60

FILED APR 10 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JASPER		b. CITY (If outside corporate limits give TOWNSHIP only) CARL JUNCTION R#1		a. STATE MISSOURI		b. COUNTY JASPER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARL JUNCTION R#1		Length of stay in lb		c. CITY OR TOWN CARL JUNCTION R#1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS CARL JUNCTION R#1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First FRED	Middle CIDNEY	Last AMES	Month APRIL	Day 1	Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING LABOR	10b. KIND OF BUSINESS OR INDUSTRY Box 7n Mines	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nettie C. AMES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT William A. AMES Carl Junction Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Mitral Heart Leak							
DUPLICATE (b) Atherosclerotic heart							
DUPLICATE (c) Heart Disease Chronic Arteriosclerosis							
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 a.m. p.m.	Month, Day, Year						
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from <u>1952</u> to <u>4-1-61</u> and last saw her/him alive on <u>4.1.61</u> Death occurred at <u>11:40 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank James MD				22b. ADDRESS GALENA KANSAS		22c. DATE SIGNED 4.3.61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-61	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) Joplin Missouri	(State)			
24. FUNERAL DIRECTOR Roy L. Derfelt	ADDRESS Galena Kansas	25. DATE RECD. BY LOCAL REG. 4-3-61	26. REGISTRAR'S SIGNATURE Ms. Madeline Switzer				

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

