

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043558

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

38

Primary Registration District No. 3006

Registrar's No.

752

STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Columbia

Length of stay in 1b

24 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

--INSTITUTION Ellis Fischel State Cancer

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

c. CITY

OR

TOWN Jefferson City

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Route #1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mae

Catherine

Amo's

4. DATE
OF
DEATH

Month

Day

Year

December

14

1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-22-05

9. AGE (last birthday)

56

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)

chicken dresser

10b. KIND OF BUSINESS OR INDUSTRY

+ machine operator

11. BIRTHPLACE (City and state or country)

Carroll County, Missouri USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Herman Holmann

13b. MOTHER'S MAIDEN NAME

Lena Hackman

14. NAME OF HUSBAND OR WIFE

Floyd Luther Amos

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Address

Hospital Records - Columbia, 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)

Lympho Sarcoma, generalized

INTERVAL BETWEEN ONSET AND DEATH

2 years

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.

☐ Yes ☒ No ☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 20, 1961, to Dec. 14, 1961 and last saw her alive on Dec. 14, 1961
Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. McChesney, M.D.

22b. ADDRESS

Ellis Fischel Hosp Columbia Mo

22c. DATE SIGNED

12-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-17-61

23c. NAME OF CEMETERY OR CREMATORY

Hawthorn Memorial Gardens Jefferson City Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary Jefferson City Dec 15, 1961 Mrs R.E. Palmer

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.