

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011964

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 13-62

STATE FILE NUMBER

FILED APR 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Miller

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

Tuscumbia

Length of stay in 1b

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

Humphreys Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo

b. COUNTY

Miller

c. CITY

OR

TOWN

ELdon

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

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

First

Middle

Last

ANNA

ELIZABETH

AMOS

## 4. DATE OF DEATH

Month

Day

Year

MARCH 24

1962

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-16-1874

## 9. AGE (last birthday)

87

## 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)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Cole Co.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Irwin

## 13b. MOTHER'S MAIDEN NAME

Mary Mahan

## 14. NAME OF HUSBAND OR WIFE

William Amos

## 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.

## 17. INFORMANT

Address

Mrs. Clyde West

ELdon, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

14 days

## DUE TO (b)

Hypertension and Arteriosclerosis

years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

## 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

a.m.

p.m.

Month, Day, Year

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

1957

to 1962

and last saw her alive on 3-24-62

Death occurred at

4:30

a

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L. S. Humphreys D.O.

## 22b. ADDRESS

Tuscumbia, Missouri

## 22c. DATE SIGNED

3-29-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

3/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

ENloe Cemetery

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

Russellville

(State)

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Steffens Funeral Home

## 25. DATE RECD. BY LOCAL REG.

April 6, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0660

206602

3

4 1

5 2

6

7 0

8 0

9331X

10

11

12 1-2

13 1-0

**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 *JMS*

Licensed Embalmer No. 2307

P. O. Address Russellville 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.