MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-029773
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1070
3 2
4 0
5 1
6
7 0
8 0
9 331X
10
11
12 1-2
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 61

FILED JUL 24 1962

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HOUSTON MO.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TEXAS CO. MEMORIAL HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: TEXAS
c. CITY OR TOWN: FOWLER
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): RT. 5
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEE Middle ROBERT Last AMOS

4. DATE OF DEATH: Month JULY Day 15 Year 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-19-1900
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 4 Days 16
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and state or country): TEXAS COUNTY
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN WHITFIELD AMOS
13b. MOTHER'S MAIDEN NAME: DELLA FRANCIS NEIGHBORS
14. NAME OF HUSBAND OR WIFE: MARGARET GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Green Address: Rt 5 Mtn. Grove

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Massive Cerebral Hemorrhage — 18 hours
DUE TO (c): Arteriosclerosis — undetermined

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 ☐ 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 July 12, 1962, to July 15, 1962 and last saw him alive on July 15 - 1962
Death occurred at 4:20 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard L. Mitchell (Degree or title) D.O.
22b. ADDRESS: Mountain Grove, Mo
22c. DATE SIGNED: 7-18-62

23a. ~~BURIAL, CREMATION~~, REMOVAL (Specify): Removal
23b. DATE: 7-19-62
23c. NAME OF CEMETERY OR CREMATORY: HILLCREST
23d. LOCATION (City, town, or county): MTN. GROVE (State): MO.

24. FUNERAL DIRECTOR: BARBER ADDRESS: MTN GROVE
25. DATE RECD. BY LOCAL REG.: 7-20-62
26. REGISTRAR'S SIGNATURE: Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1963

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_____ Signed R W Boole

Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove

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.