

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045750

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 384

FILED DEC 18 1962

| | | |
|-----------|-----------------|--|
| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS |
| Rev. 4/59 | | |
| 10010 | INSTEAD OF | DOCUMENT |
| 20010 | | |
| 3 | BY AFFIDAVIT OF | MEDICAL CERTIFICATION |
| 4 0 | | |
| 5 1 | SHOULD READ | BY AFFIDAVIT OF |
| 6 | | |
| 7 0 | SHOULD READ | BY AFFIDAVIT OF |
| 8 0 | | |
| 94201 | SHOULD READ | BY AFFIDAVIT OF |
| 10 | | |
| 11 | SHOULD READ | BY AFFIDAVIT OF |
| 12 90-0 | | |
| 13 1-0 | SHOULD READ | BY AFFIDAVIT OF |
| | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville | | Length of stay in lb life | c. CITY OR TOWN Kirkville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 5 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt. 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First DAVID Middle ROY Last AMON | | | 4. DATE OF DEATH Month December Day 8 Year 1962 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-2-1990 |
| 9. AGE (last birthday) 72 | | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Adair Co. Missouri |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME James A. Amon | |
| 13b. MOTHER'S MAIDEN NAME Emma Scrivens | | 14. NAME OF HUSBAND OR WIFE Winnifred (Conner) Amon | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT Address Willard Amon, Rt 5, Kirkville, 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) Coronary occlusion | | | INTERVAL BETWEEN ONSET AND DEATH Immediately |
| DUE TO (b) Coronary disease | | | 1 yr. |
| DUE TO (c) _____ | | | |
| 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 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.) July, 1962 | | 20f. CITY, TOWN, OR LOCATION Dec. 8, 1962 | COUNTY _____ STATE _____ |
| 21. I attended the deceased from July, 1962 to Dec. 8, 1962 and last saw ^{her} him alive on Dec. 8, 1962 Death occurred at _____ 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>R. Stichter MD.</i> (Degree or title) | | 22b. ADDRESS 107 E. Harrison, Kirkville, Mo. | 22c. DATE SIGNED 12/11/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-11-1962 | 23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery | 23d. LOCATION (City, town, or county) (State) Kirkville, Missouri |
| 24. FUNERAL DIRECTOR Davis & Davis, Kirkville, Missouri | | 25. DATE RECD. BY LOCAL REG. 12-12-1962 | 26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i> |

No permit raised

R. O. STICKLER, M.D.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.