

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007588

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 28 1963

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson		c. CITY OR TOWN Hudson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Macon RR# 4		d. STREET ADDRESS (If outside, give location) Macon RR# 4	
3. NAME OF DECEASED (Type or print) James Amidei		4. DATE OF DEATH Month Jan. Day 29 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-5-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Fiumalbo Italy
13a. FATHER'S NAME John Amidei		14. NAME OF HUSBAND OR WIFE Palma Amedi	
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. No	
17. INFORMANT Mrs. Tony Cerva		Address Bevier, 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 Aneurysm DUE TO (b) Chronic Myocarditis DUE TO (c) 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. ☐ Yes ☒ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH —	
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 — 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 1960 to Jan 29, 1963 and last saw him alive on Jan 29, 1963 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title)	
22b. ADDRESS Macon, Mo.		22c. DATE SIGNED 2/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-1-1963	
23c. NAME OF CEMETERY OR CREMATORY St. Charles Cem.		23d. LOCATION (City, town, or county) Bevier Mo.	
24. FUNERAL DIRECTOR Edwards Funeral Home		25. DATE RECD. BY LOCAL REG. 2/5/63	
26. REGISTRAR'S SIGNATURE [Signature]			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

6610

20610

3

4 0

5 1

6

7 2

8 2

9420.1

10

11

12 90-2

131-0

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

R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Merion, 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.