

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038599

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

337

Primary Registration District No.

4497

Registrar's No.

44

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY

Shelby

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

Clarence

Length of stay in -1b

85 yrs.

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

Family Home

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

Shelby

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Clarence

d. STREET ADDRESS

Clarence, Mo.

Reside on Farm

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

First

Middle

Last

Mary E. Amick

4. DATE OF DEATH

Month

Day

Year

May 21, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/21/1868

9. AGE (last birthday)

95

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

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

Housewife

11. BIRTHPLACE (City and state or country)

Trenton, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wm. H. Luke

13b. MOTHER'S MAIDEN NAME

Mary A. Songer

14. NAME OF HUSBAND OR WIFE

John Amick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no.

no.

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Clara Creekmur

Address

Clarence, 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)

ACUTE CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CHRONIC CORONARY SCLEROSIS

8 years

DUE TO (c)

CHRONIC CONGESTIVE HEART FAILURE

6 months

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 July 10, 1948 to May 21, 1963 and last saw her alive on May 21, 1963
Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. B. L. Edgington D.O.

22b. ADDRESS

Clarence, Mo.

22c. DATE SIGNED

5-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Maplewood

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

Clarence, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Greening Clarence, Mo. May 23, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Helen Allen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 1020

2 1020 2

3

4 1

5 2

6

7 0

8 0

9 420.1

10

11

12 90-2

13 4-1

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. 689

working under my personal supervision.

Student

William J. Greening
Signature of Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No.

2425

P. O. Address

Clarence 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.

Permit Attained May 22, 1963

(A4)