

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038792

Registration District No. 10

Primary Registration District No. 3002

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10047

20041

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9593X

10

11

1-2

30

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 21 1963

1. PLACE OF DEATH

a. COUNTY Audrain

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

Length of stay in 1b 2 weeks

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

Inside Limits Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Vandalia

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 608 S. Highland

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Roy Middle Wesley Last Aman

4. DATE OF DEATH October 5, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/27/1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sexton

10b. KIND OF BUSINESS OR INDUSTRY

Vandalia Cemetery

11. BIRTHPLACE (City and state or country)

Lee Co., Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Peter Aman

13b. MOTHER'S MAIDEN NAME

Katherine Bontz

14. NAME OF HUSBAND OR WIFE

Ruth Aman

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.

488-28-0927

17. INFORMANT

Ruth Aman, Vandalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UTERINE

INTERVAL BETWEEN ONSET AND DEATH

2 days

(b)

GLOMERULO NEPHRITIS

8 to 10

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

DUE TO (b)

(c)

PROSTATIC URINARY RETENTION

2 yrs

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 9-20-63 to 10-5-63 and last saw him alive on 10-5-63

Death occurred at 7:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-8-63

23c. NAME OF CEMETERY OR CREMATORY

Vandalia Cemetery

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

Vandalia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

William B. Batten, Vandalia, Mo.

25. DATE RECD. BY LOCAL REG.

10-18-1963

26. REGISTRAR'S SIGNATURE

Alberta Edmonson

USE BLACK INK

OR

TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 4169

P. O. Address Dandalia, 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.