

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18541
Do not use this space.

RECORDED JUN 20 1940

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township 2 Primary Registration District No. 3018 Registered No. _____
 (c) City Calhoun (d) Street No. Clinic Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 1/2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 4

2. PRINT FULL NAME

(a) Residence, No. 570 1/2 N. W. 1st St. Calhoun, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Ida Ames</u> (OR WIFE OF)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1860-7-21</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blumington, Ill.</u>		
FATHER	13. NAME <u>Samuel Ames</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Oddie Ames Calhoun, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Cemetery</u> DATE <u>May 12 40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. H. Hays Calhoun, Mo.</u>		
20. FILED <u>5-78</u> 19 <u>40</u> <u>D. J. R. Hampton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-40

22. I HEREBY CERTIFY, That I attended deceased from 5-7-40, 1940, to 5-10-40, 1940
 I last saw him alive on 5-10-40, 1940. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
myocarditis
hypertension HTA

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Joseph B. Oxell, M. D.
 (Address) Clinton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

50-M-1-12-34 I X14023

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, *myself*

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. *3502*

P. O. Address *Calhoun Iowa*

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 this body is not embalmed, above space should be left blank.