

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1040

State File No.

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 8

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Herry</u>			2. USUAL RESIDENCE (When deceased lived. If institution: name and address before admission). a. STATE <u>Mo</u> b. COUNTY <u>Herry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>314 W. Franklin St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 W. Franklin St.</u>			d. STREET ADDRESS (If rural, give location) <u>314 W. Franklin St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>George</u> c. (Last) <u>Ammann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 28, 1882</u>	9. AGE (In years last birthday) <u>69</u> Months <u>6</u> Days <u>15</u>	10. IF UNDER 1 YEAR IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gruen, Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Taty Ann Ammann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-05-8340</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Taty Ammann, Clinton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver & stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomachic or Malnutrition</u> DUE TO (c) <u>Seriaty</u>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1950, to <u>11-17</u> , 1951, that I last saw the deceased alive on <u>11-17</u> , 1952, and that death occurred at <u>9:45 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. R. O. V.</u>			23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>Jan 14, 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 15-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Vassant</u>	ADDRESS <u>Clinton, Mo.</u>		

RECEIVED

JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

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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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3579

P. O. Address Clinton

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, fact should be so stated above.