

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16583

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Fredericktown</u>		c. LENGTH OF STAY (in this place) <u>7 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		62	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Cahoon St.</u>				d. STREET ADDRESS (If rural, give location) <u>311 Cahoon St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Isabel</u>		c. (Last) <u>Ammon</u>	
4. DATE OF DEATH <u>May 26, 1949</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 19, 1894</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bollinger co. mo. 1)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Bess</u>		14. NAME OF HUSBAND OR WIFE <u>George Ammon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Octa Starkey - Detroit Mich.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerular Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u>		DUE TO (c)				5937	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		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)		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>March 1949</u> to <u>May 21, 1949</u> , that I last saw the deceased alive on <u>5/26/1949</u> , 1949, and that death occurred at <u>2:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Slaughter, M.D.</u>				23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED <u>5/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-30-49</u>		REGISTRAR'S SIGNATURE <u>Marvella H. Webb</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson - Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4
File Number 649-77
Date Filed 6-10-49

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.

Signed Edward G. Lehmann

Signed _____
Student Embalmer

Licensed Embalmer No. 4567

P. O. Address Friederichtown

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.