

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19393**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2430

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 33 yrs		d. STREET ADDRESS (If rural, give location) 5015 Lydia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clifford b. (Middle) C. c. (Last) Ammons			4. DATE OF DEATH (Month) (Day) (Year) 6-2-49		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
8. DATE OF BIRTH April 3, 1887			9. AGE (In years last birthday) 60 62		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Geo. W. Ammons		13b. MOTHER'S MAIDEN NAME Edith Correth		14. NAME OF HUSBAND OR WIFE Mrs. Ann Ammons	
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. 493-12-0774		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ann Ammons 5015 Lydia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Cholestasis		ANTECEDENT CAUSES			4 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cancer of Recto. sigmoid - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			1 yr.
		DUE TO (c) Contaminated toilet.			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Paresis 154 X			12 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 Jan, 1937, to 6-2, 1949, that I last saw the deceased alive on 6-2, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Lutz M. D. (Degree or title)			23b. ADDRESS 1530 Prof. Bldg. K.C., Mo.		23c. DATE SIGNED 6-3-49
---	--	--	--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-49		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) K. e. Mo.	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 6-4-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE Kansas City, Mo.	
--	--	--	--	--	--

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

F. B. Leidy
Pres.

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 Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.