

FILED SEP 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30271
Registrar's No. 3840

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY COFFEY	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN WAVERLY 9150	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 203 PEARSON STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3214 THE PASEO			

3. NAME OF DECEASED (Type or Print)	a. (First) MILO	b. (Middle) OLIVER	c. (Last) AMLIN	4. DATE OF DEATH (Month) (Day) (Year) SEPT-9-1950
-------------------------------------	------------------------	---------------------------	------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUG-18-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 11 YEARS	10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH	11. BIRTHPLACE (State or foreign country) SHELBYVILLE ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	---	--

13a. FATHER'S NAME ARCHIBALD AMLIN	13b. MOTHER'S MAIDEN NAME MARY CLARK	14. NAME OF HUSBAND OR WIFE MRS MARY S. AMLIN
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hortress Gould	ADDRESS 3214 THE PASEO KANSAS CITY, MO.
---	-------------------------------------	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		6 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vasc Dis DUE TO (c) Generalized Arteriosclerosis		2 + Yrs. 10 + Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Parkinsonism		10 + Yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) not	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 **Sept 6, 1950** to **Sept 9, 1950**, that I last saw the deceased alive on **Sept 8, 1950**, and that death occurred at **9:10 A. m.**, from the causes and on the date, stated above.

23a. SIGNATURE Robt. J. Boody	(Degree of) _____	23b. ADDRESS 217 Plaza Drive Bess, Mo	23c. DATE SIGNED Sept 9 '50
--------------------------------------	-------------------	--	------------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE SEPT-9-1950	24c. NAME OF CEMETERY OR CREMATORY WAVERLY CEMETERY	24d. LOCATION (City, town, or county) (State) WAVERLY KANSAS
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-9-50	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

7:58-2

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Doyle R. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. 4703

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.