

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33416**
Registrar's No. **4422**

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 MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If rural, give location) 5714 PARK AVENUE	
3. NAME OF DECEASED a. (First) ANNA		b. (Middle) MAYE	
c. (Last) AMES		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER-16-1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 14, 1878
9. AGE (In years last birthday) 73	10. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) HENDERSON, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	13a. FATHER'S NAME JOHN H. GAYLE	13b. MOTHER'S MAIDEN NAME ANNIE WHITE	14. NAME OF HUSBAND OR WIFE CHARLES W. AMES
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. JOE GAYLE ADDRESS WARRENSBURG, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Anterior Myocardial Infarct Congestive Heart Failure Acute pulmonary edema			
DUE TO (c) _____			
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 checked="" 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) (Min.)	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 3:25 , 19 51 , to Oct 16 , 19 51 , that I last saw the deceased alive on Oct 16 , 19 51 , and that death occurred at 9:00 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul G. Johnson (Degree or title) M. D.		23b. ADDRESS 3011 A Independence Ave	23c. DATE SIGNED 10/16/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG 10-17-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Jess T. Dewe

Signed.....
Student Embalmer

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

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.