

FILED NOV 16 1951

STANDARD CERTIFICATE OF DEATH

DR. AMOS DR. AMOS  
State File No. 5465  
Registrar's No. 950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. \_\_\_\_\_ REGISTRAR'S NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Greene 0310  
b. CITY (If outside corporate limits, write RURAL and give township) Springfield  
OR TOWN Rural, N. Campbell Twp  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Greene County Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY Greene 2010  
c. CITY (If outside corporate limits, write RURAL and give township) Springfield 1  
OR TOWN  
d. STREET ADDRESS (If rural, give location) 1913 N. Campbell

3. NAME OF DECEASED a. (First) Edward b. (Middle) D. c. (Last) Weisdorfer  
4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1951

5. SEX Male Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH March 8 1878  
9. AGE (In years last birthday) 73  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  
10b. KIND OF BUSINESS OR INDUSTRY FARMER  
11. BIRTHPLACE (State or foreign country) Harper, Iowa  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mathias Weisdorfer  
13b. MOTHER'S MAIDEN NAME Mary Maria Heinz  
14. NAME OF HUSBAND OR WIFE Florence Weisdorfer

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. Unknown  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Weisdorfer

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Likely Nephroma with Metastasis to surrounding region  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH unknown

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1951, to Nov 6, 1951, that I last saw the deceased alive on Nov 5, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE James R. Amos M.D.  
23b. ADDRESS Springfield, Mo.  
23c. DATE SIGNED 11/7/51

24a. BURIAL, CREMATION, OR REMOVAL (Specify)  
24b. DATE 11-7-51  
24c. NAME OF CEMETERY OR CREMATORY Clear Springs Cem  
24d. LOCATION (City, town, or county) (State) Near Willow Springs, Mo.

DATE REC'D BY LOCAL REG. 11-7-51  
REGISTRAR'S SIGNATURE W.S. Handley M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Lucretia T. Bradley

Licensed Embalmer No. 4875

P. O. Address Springfield

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.