No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3887

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 28

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1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospitol

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
d. STREET ADDRESS (If rural, give location): 514 East Highway

3. NAME OF DECEASED (Type or Print)
a. (First): Curry
b. (Middle): Custer
c. (Last): Amos

4. DATE OF DEATH (Month) (Day) (Year): Feb 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 12, 1891
9. AGE (In years last birthday): 61 — If under 1 year: Months: 1 Days: 4 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Ralls County, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John W. Amos
13b. MOTHER'S MAIDEN NAME: Margaret Ann Sulgrove
14. NAME OF HUSBAND OR WIFE: Eliza Ann Amos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-05-0215
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Eliza Ann Amos, Vandalia, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) August, Suicide Shot in head with self inflicted wound — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 32 cal. Revolver, Died in Audrain County Hospital Mexico, Mo. 2-16-52. 6 o'clock P.M.
DUE TO (c) from the effects of said wound

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Verdict by jury.

19a. DATE OF OPERATION: 2-16-1952
19b. MAJOR FINDINGS OF OPERATION: Bullet wound in head E976X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vandalia Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feby 16 - 52 - 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted With 32 cal. Revolver

22. *I hereby certify that I attended the deceased from* Coroner's Case, 19____, *that I last saw the deceased alive on* Feby 16, 1952, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. Adams M.D. Coroner
23b. ADDRESS: Mexico, Mo.
23c. DATE SIGNED: 2-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: Feb 18-1952
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. Waters, Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. B. Yates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.