

STANDARD CERTIFICATE OF DEATH

State File No. **7282**
21
Registrar's No. _____

FILED APR 11 1952
BIRTH NO. **12421**

REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004**

30 61 0

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0061 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARK		b. (Middle) ANTHONY		c. (Last) AMAN		4. DATE OF DEATH (Month) (Day) (Year) Mar 31 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Mar 31 1952		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 12 HRS. Hours 4 Mins. 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX		10b. KIND OF BUSINESS OR INDUSTRY XXX		11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME Carl Aman		13b. MOTHER'S MAIDEN NAME Imogene Mead		14. NAME OF HUSBAND OR WIFE XXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME Carl Aman, Lamar, 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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
		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. _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 776x	

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 3/31/52 to 3/31/52 , that I last saw the deceased alive on 3/31/52 , and that death occurred at 6:50 a. m. , from the causes and on the date stated above.					

23a. SIGNATURE A. R. Cain		23b. ADDRESS Lamar Mo		23c. DATE SIGNED 4/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr 1 1952		24c. NAME OF CEMETERY OR CREMATORY Moorehead Cemetery	
		24d. LOCATION (City, town, or county) (State) Barton County, Missouri			

DATE REC'D BY LOCAL OR REG. APR 2 - [initials]		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	
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K.V. Cain

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Burt J. Kovantz

Signed.....
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.