

No. 300 FILED JUN 16 1952

STANDARD CERTIFICATE OF DEATH

19928

State File No.

270

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

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4143 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Blackwater		c. CITY OR TOWN Blackwater	
c. LENGTH OF STAY (In this place) 30 Yrs.		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) K.	
		c. (Last) Ament	
4. DATE OF DEATH (Month) (Day) (Year) June 8 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1873
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Ice & Coal Dealer	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Geo. Henry Ament		13b. MOTHER'S MAIDEN NAME Rebecca Jane Wheat.	
		14. NAME OF HUSBAND OR WIFE Dora Conrey Ament,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. ---	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. K. Ament, Blackwater, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis of coronary arteries <i>occurs' on</i> INTERVAL BETWEEN ONSET AND DEATH 7 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis of spine + neural impingement <i>1 year</i> 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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	4201
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 10-15 , 19 42 , to 6-8 , 19 52 , that I last saw the deceased alive on 6-7 , 19 52 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.E. Stone M.D.		23b. ADDRESS Boonville Mo	23c. DATE SIGNED 6-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10 1952	24c. NAME OF CEMETERY OR CREMATORY Old Lamine	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri
DATE REC'D BY LOCAL REG. 6-10-52	REGISTRAR'S SIGNATURE D. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

Jan 2 1922

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.