

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44906

State File No.

FILED JAN 14 1954

BIRTH NO.		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>4514</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Green City</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		<u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u>				d. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print) <u>Lewis</u>		a. (First)		b. (Middle) <u>Milton</u>		c. (Last) <u>Ames</u>	
4. DATE OF DEATH <u>Nov. 24, 1953</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 20, 1901</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Mark Daney Ames</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Gertrude Lambert</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-34-0994</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ellen Rutledge, Green City, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound - posterior portion parietal bone - right side</u> 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 _____ _____
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home in Green City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Green City Sullivan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 24 1953 3 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3.16 inflicted</u>			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1947</u> , to <u>Nov 24, 1953</u> , that I last saw the deceased alive on <u>August 2, 1953</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.D. Smith M.D.</u>				23b. ADDRESS <u>Green City, Mo</u>		23c. DATE SIGNED <u>11/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Annabell D. Cooper, deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Elmer E. Bent & Son, Green City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

4660-42-257

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 Karl P. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.