

FILED JAN 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 41619

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5975 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Polk, N. W. Kinty's Life</u>	c. LENGTH OF STAY (If this place) _____	c. CITY OR TOWN <u>Polk</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>110</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles North of Polk</u>		No. STREET ADDRESS <u>5 Miles North of Polk</u>	
3. NAME OF DECEASED a. (First) <u>Amanda</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Emery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 10 1862</u>
9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Dixon Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Emery</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown) Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Lee Emery</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Fellows</u> ADDRESS <u>Polk 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity 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. <u>4201</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>1</u>	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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 <u>June 5, 1955</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Willard B. Brown</u> (Type or Print)		23b. ADDRESS <u>Coroner of Polk, Missouri, Polk, Mo.</u>	23c. DATE SIGNED <u>6/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North of Polk, Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph Anderson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Brown & Blue</u> ADDRESS <u>Polk Mo</u>

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

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.....
Signature of Student Embalmer

Signed *Willard Garrison*.....

Licensed Embalmer No. *3092*

P. O. Address *Colman,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.