Health, Welfare Public Service

300 3
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30195

Registration District No. 77 Primary Registration District 3016 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Busch's Greenhouse Highway 50 West — Length of stay in 1b three hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City 264 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 309 Russell Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AARON Middle EUGENE Last AMEND
4. DATE OF DEATH Month Sept Day 29th Year '56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 21st 1892
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 5 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Floral
11. BIRTHPLACE (City and state or country) Polk County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Amend
14. MOTHER'S MAIDEN NAME Rosley Taggart

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. Unknown
17. INFORMANT Mrs A. E. Amend Address 309 Russell St. Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
as Cole County Coroner

21. I attended the deceased from Body found about 11 A.M. and saw her/him alive on
Death occurred at about 9.30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J G Bruce M.D.
22b. ADDRESS 234 Madison Jefferson City Mo
22c. DATE SIGNED 9-29-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 1st '56
23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
23d. LOCATION (City, town, or county) (State) Marion, Missouri

24. FUNERAL DIRECTOR ADDRESS Tanner Service Jefferson City Mo
25. DATE RECD. BY LOCAL REG. 1 Oct 1956
26. REGISTRAR'S SIGNATURE R. P. Dorris M.D. N.R.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman
Licensed Embalmer No...462
Jefferson Ci
P. O. Address...Missouri....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.