

THE DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28705
STATE FILE NUMBER

FILED AUG 20 1957

Registration District No. 195 Primary Registration District No. 4308 Registrar's No. 52

| | | | | | | | | |
|--|----------------------------------|---|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kans.</u> b. COUNTY <u>Montgomery</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Noel</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Independence</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u> | | | Length of stay in lb <u>1 wk.</u> | | d. STREET ADDRESS (If outside, give location) <u>City</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>John Albert Amos</u> First Middle Last | | | | 4. DATE OF DEATH <u>8-10-57</u> Month Day Year | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>May 30, 1895</u> | | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Work, Cement, Co.</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cement, Co.</u> | | 11. BIRTH PLACE (City and state or country) <u>Bentonville, Ark.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>Thomas J. Amos</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Lee</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I</u> | | 16. SOCIAL SECURITY NO. <u>509-01-5905</u> | | 17. INFORMANT <u>Mrs. Alice Amos Noel Mo.</u> Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W. M. Humphrey Jr. Coroner</u> | | | | 22b. ADDRESS <u>Noel Mo.</u> | | | 22c. DATE SIGNED <u>8-11-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>8-12-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fredonia Cem.</u> | | 23d. LOCATION (City, town, or county) <u>Fredonia</u> | | STATE <u>Kans.</u> | | |
| 24. FUNERAL DIRECTOR <u>Humphrey + Son</u> | | | ADDRESS <u>Noel Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-16-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0662

0056

AUG 28 1957

JUN 3 1958

JAN 1-0 1958

JAN 30 1958

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 *J. M. Humphrey*

Licensed Embalmer No. *41*

P. O. Address *Med*

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.