

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004883

State File No. ....

FILED FEB 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 321

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville, Moreau</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RADO</u> b. (Middle) <u>no</u> c. (Last) <u>AMOS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11-1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 29-1897</u>			9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (State or foreign country) <u>Millbrook, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>A. W. Amos</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Orpha Amos</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orpha Amos Russellville, Mo.</u>	
				ADDRESS	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterioschrotic Heart Disease</u> <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Cerebral embolism</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>9 yrs.</u> <u>36 hrs.</u> <u>36 hrs.</u>
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>331X</u>		
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 9-22-, 1950, to 2-11-, 1958, that I last saw the deceased alive on 2-11-, 1958, and that death occurred at 2-40Am. From the causes and on the date stated above.

23a. SIGNATURE <u>Earl P. Lloyd, M.D.</u>		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>2-11-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOE CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>11 Feb 1958</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Steffens</u>	
				ADDRESS <u>Russellville, Mo.</u>	

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**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 *H. Steffens*

Licensed Embalmer No. 2307

P. O. Address Russellville 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.