THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039287
STATE FILE NUMBER

DEC 3 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Hospital — Length of stay in Hospital 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Caldwell
c. CITY OR TOWN Breckenridge 0130 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JAMES Middle OLIVER Last AMICK
4. DATE OF DEATH Month 11 Day 17 Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED X / NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8/6/1885
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car salesman
10b. KIND OF BUSINESS OR INDUSTRY car industry
11. BIRTHPLACE (City and state or country) Breckenridge, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John L. Amick
14. MOTHER'S MAIDEN NAME Halda Mann
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.
17. INFORMANT Address Mrs. Eva B. Amick, Breckenridge, 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 vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2 days
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(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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

21. I attended the deceased from May 1955, to Nov. 19, 1958 and last saw him alive on Nov 17, 1958
Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard Carter M.D. (Degree or title)
22b. ADDRESS Hamilton, Mo.
22c. DATE SIGNED Nov. 20 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11/20/1958
23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State) Breckenridge, Mo.
24. FUNERAL DIRECTOR ADDRESS Michael Funeral Homes, Breckenridge, Mo.
25. DATE RECD. BY LOCAL REG. 11-27-58
26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

~~working under my personal supervision~~.

Student.....
Signature of Student Embalmer

Signed...Lemb, Michael.....

Licensed Embalmer No...4

P. O. Address..Braym

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.