

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040797

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 5791224 Primary Registration District No. 2245791 Registrar's No. 105

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Burris Fork Township</u>		c. CITY OR TOWN <u>Russellville</u> <u>6680</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West of Russellville, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>West of Russellville</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Haden</u> Last <u>Amos</u>			4. DATE OF DEATH Month <u>November</u> Day <u>14</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>August 8, 1884</u>
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 <u>Farmer</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Russellville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William O. Amos</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy E. Meador</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Barcie Amos</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs Barcie Amos, Russellville, Mo</u>	
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>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>3 year</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>4221</u>		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>June 15, 1958</u> , to <u>Nov 14, 1958</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>Nov 11, 1958</u> Death occurred at <u>1:15 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Kemyon Latham M.D.</u>		22b. ADDRESS <u>Calafornia, Mo</u>	
22c. DATE SIGNED <u>11-18-58</u>		23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov. 16, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cemetery</u>	
23d. LOCATION (City, town, or county) <u>West of Russellville, Mo.</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Hugh Schubert</u>		25. DATE RECD. BY LOCAL REG. <u>11/18/58</u>	
ADDRESS <u>Russellville</u>		26. REGISTRAR'S SIGNATURE <u>John Pope</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Hugo N. Schubert* .....  
Licensed Embalmer No. *2820* .....  
P. O. Address *Russellville* .....

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.