

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020655
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 56 Primary Registration District No. 5195 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Prarie Twp. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Prarie Twp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 3 mi. SE Stet, Mo. 20 yrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Twp. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARLEY Middle JOHN Last AMERY			4. DATE OF DEATH Month 3 Day 8 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/16/1899	9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Carroll Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME W. R. Amery			14. MOTHER'S MAIDEN NAME Catherine Morgan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Clastine Amery, Rt. 2, Norborne, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphoblastoma		INTERVAL BETWEEN ONSET AND DEATH 1 year
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)		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.) 2071	
20c. TIME OF INJURY Hour _____ 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 Mar. 7, 1959 , to March 8, 1959 and last saw him alive on Mar. 8, 1959 . Death occurred at 12:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Direct or title) D-E Goldberg M.D.	22b. ADDRESS Braymer, Mo.	22c. DATE SIGNED 3/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/10/1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery	23d. LOCATION (City, town, or county) (State) Braymer, Mo.
24. FUNERAL DIRECTOR ADDRESS Michael Funeral Home, Braymer, Mo.		25. DATE RECD. BY LOCAL REG. June 18, 1959	26. REGISTRAR'S SIGNATURE Eileen Remington

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10. No symptoms will be missed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

copy of 8 NCP!

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..... *Genub. Michael.*

Licensed Embalmer No. *43*

P. O. Address *Braymer*

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.