

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032978

FILED VS. SEP 28 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 99

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield, Mo.		Length of stay in 1b One Week	c. CITY OR TOWN New Boston, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLarney Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt.#2
		Resic. on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle J. Last Amen			4. DATE OF DEATH Month September Day 18 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1873	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 8 Days 26 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) New Boston, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Amen	13b. MOTHER'S MAIDEN NAME Louisa Ostrand	14. NAME OF HUSBAND OR WIFE Ida M. Amen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-42-4271	17. INFORMANT Address Carl Arthur Amen, New Boston, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tumor		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure		1 wk.
DUE TO (c) Arteriosclerotic heart disease		1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) -
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20c. TIME OF INJURY Hour - Month, Day, Year -	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 -
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21. I attended the deceased from 7⁰⁰ 9/12/59 to 9/18/59 and last saw him alive on 9/18/59 . Death occurred at 7⁰⁰ 9/12/59 on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE A. W. Johnson M.D.	(Degree or title)	22b. ADDRESS Brookfield Mo.	22c. DATE SIGNED 9/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) Bucklin, Missouri
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24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-19-59	26. REGISTRAR'S SIGNATURE Katharine Johnson Dep
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Larsen

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.