

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036636

FILED VS NOV 2 1959

157

Primary Registration District No. 3028

Registrar's No. 197

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Carthage			Length of stay in 1b 1 Day		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Mc Cune Brooks Hospital		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last KRISTY KAROL AMMERMAN				4. DATE OF DEATH Month Day Year October 17, 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 16, 1959	9. AGE (last birthday) Infant	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min. 20 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX			10b. KIND OF BUSINESS OR INDUSTRY XXX		11. BIRTHPLACE (City and state or country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Bruce Ammerman			13b. MOTHER'S MAIDEN NAME Carolyn Goodman			14. NAME OF HUSBAND OR WIFE XXXX	
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. None	17. INFORMANT Walter Goodman, Lamar, Missouri			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>asphyxia due to interference with fetal circulation before Birth.</i> DUE TO (b) <i>aspiration of meconium into lungs</i> DUE TO (c) <i>20 1/2 hrs</i> 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 <i>20 1/2 hrs</i>
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.)			
20c. TIME OF INJURY Hour a.m. p.m. 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	
21. I attended the deceased from <i>11:40 P.M. Oct 16 '59</i> to <i>8:15 P.M. Oct 17 '59</i> and last saw her alive on <i>Oct 17, 1959</i> Death occurred at <i>8:15 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <i>George H. Wood M.D.</i>				22b. ADDRESS <i>Carthage Mo</i>		22c. DATE SIGNED <i>10/18/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-59	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) Carthage, Missouri		(State)	
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Mo.			25. DATE RECD. BY LOCAL REG. 10-19-59	26. REGISTRAR'S SIGNATURE <i>My Clinton</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ENDED

Norman L. Hampson

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 *Norman L. Hampson*

Licensed Embalmer No. 4816

P. O. Address Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.