

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-037844

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 350

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u> Length of stay in <u>1 1/2</u> years			c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frog Hollow Road Rt. 5</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Frog Hollow Road Rt. 5</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>WALTER</u> Last <u>AMMON</u>			4. DATE OF DEATH Month <u>October</u> Day <u>17</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-6-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>	11. BIRTHPLACE (City and state or country) <u>White Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Edward Ammon</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Bechholdt</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Dalton Ammon</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>499-03-9962</u>	17. INFORMANT Address <u>Mrs. Harold Behrens Frog Hollow Rd. J.C. Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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
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 <u>July 15-60</u> to <u>Oct 17-60</u> and last saw ^{her} him alive on <u>Oct 14-60</u> Death occurred at <u>2:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Victor Buescher</u>			22b. ADDRESS <u>Jefferson City Mo</u>		22c. DATE SIGNED <u>Oct 18-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Bur</u>		23b. DATE <u>Oct. 21, 1960</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Methodist Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Victor Buescher J.C. Mo</u>		25. DATE RECEIVED BY LOCAL REG. <u>18 October 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD Richter</u>	

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.