

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 19

VS 300  
Rev. 4/59

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8975

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED FEB 4 1963</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Saline</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Length of stay in 1b <b>67 years</b>		c. CITY OR TOWN <b>Marshall</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>317 North Brunswick</b>	
3. <b>NAME OF DECEASED</b> (Type or print)		First <b>GUY</b> Middle <b>McAMIS</b> Last <b>McAMIS</b>		4. <b>DATE OF DEATH</b> Month <b>January</b> Day <b>28</b> Year <b>1963</b>	
5. <b>SEX</b> <b>Male</b>	6. <b>COLOR OR RACE</b> <b>White</b>	7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>11-30-1883</b>	9. <b>AGE</b> (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. Asst. Postmaster</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Post Office</b>		11. <b>BIRTHPLACE</b> (City and state or country) <b>Saline County, Mo.</b>	
12. <b>CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		13a. <b>FATHER'S NAME</b> <b>James E. McAmis</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>Hattie Hupp</b>	
14. <b>NAME OF HUSBAND OR WIFE</b> <b>Bessie Odell McAmis</b>		15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. <b>SOCIAL SECURITY NO.</b> <b>85</b>	
17. <b>INFORMANT</b> <b>Mrs. Bessie McAmis</b>		18. <b>CAUSE OF DEATH</b> (Enter only one cause by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <i>Massive Cerebral Hemorrhage 72 hrs</i> <i>Arteriosclerotic Cerebral Hemorrhage 72 hrs</i> <i>Hypertension 3 yrs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		18. <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>72 hrs</b> <b>3 yrs</b>	
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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/>	20b. <b>SUICIDE</b> <input type="checkbox"/>	20c. <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b>		20g. <b>COUNTY</b> <b>STATE</b>	
21. I attended the deceased from <u>Nov 56</u> to <u>Jan 63</u> and last saw <sup>him</sup> <del>her</del> alive on <u>27 Jan 63</u> . Death occurred at <u>12:02 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. <b>SIGNATURE</b> (Degree or title) <i>E. Lee McCorkle MD</i>		22b. <b>ADDRESS</b> <i>Marshall Mo</i>		22c. <b>DATE SIGNED</b> <i>28 Jan 63</i>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>1-30-1963</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Ridge Park Cemetery</b>		23d. <b>LOCATION</b> (City, town, or county) <b>Marshall, Missouri</b>	
24. <b>FUNERAL DIRECTOR</b> <b>Campbell-Lewis</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>1-29-63</b>		26. <b>REGISTRAR'S SIGNATURE</b> <i>Cecil S. Reed</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FEB 21 1963

**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 *James Lewis*

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.