

FILED FEB 26 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

69-006910

CERTIFICATE OF DEATH

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 212DO NOT WRITE
ON THIS STUB9. 110a. 73

10b.

11. 012. 113. 2509

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 2-0

VS 300

Rev. 1/68

4. 04705. 90

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0470

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <u>Murtle Ames</u>		2. <u>Female</u>	3. <u>Feb. 9, 1969</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. <u>white</u>	5a. <u>73</u>	5b.	5c.	6. <u>Dec. 13, 1895</u>	7a. <u>Iron Co.</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Viburnum</u>		7c. <u>yes</u>	7d.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. <u>Missouri</u>	9. <u>U.S.A.</u>	10. <u>married</u>	11. <u>Clarence E. Ames</u>			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY				
12. <u>none</u>	13a. <u>housewife</u>	13b.				
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. <u>Missouri</u>	14b. <u>Iron</u>	14c. <u>Viburnum, Mo.</u>	14d. <u>yes</u>	14e.		
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST					
15. <u>James Marler</u>	16. <u>Deliah Crump</u>					
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. <u>Mrs. Vernon Mayberry</u>	17b. <u>Leadwood, Star Rt., Missouri 63653</u>					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE						
(a) <u>Myocardial Infarct</u>				<u>minutes</u>		
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <u>ASHD</u>				<u>years</u>		
DUE TO, OR AS A CONSEQUENCE OF:						
(c) <u>Diabetes Mellitus</u>				<u>years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
				19a. <u>No</u>	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>1960</u>	21b. <u>1969</u>	21c. <u>Nov 22 68</u>	21d. <u>NOT</u>	21e. <u>A</u>		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)			
22a. <u>Farmington, Mo</u>		22b. <u>Alvan Karraker MD</u>	22c. <u>Feb 10 1969</u>			
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP		
23a.		23b.	23c.	23d.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORIUM—NAME	LOCATION CITY OR TOWN STATE				
24a. <u>Burial</u>	24b. <u>Leadwood</u>	24c. <u>Leadwood, Mo.</u>				
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <u>Feb. 12, 1969</u>	24e. <u>Bert L. Boyer + Son, 501 Bank St., Leadwood, Mo.</u>					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
25a. <u>Bert R. Boyer</u>	25b. <u>Mrs. Elizabeth Logan</u>	25c. <u>Feb 14 - 1969</u>				

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 Bert L. Boyer

Licensed Embalmer No. 3475

P. O. Address Leewood, 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.