

FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30195**
Registration District No. **77** Primary Registration District **3016** Registrar's No. **286**

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE


1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Busch's Greenhouse Highway 50 West			Length of stay in 1b three hrs	d. STREET ADDRESS (If outside, give location) 309 Russell Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) AARON EUGENE AMEND				4. DATE OF DEATH Sept 29th '56		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 April 21st 1892		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Floral		11. BIRTHPLACE (City and state or country) Polk County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Amend				14. MOTHER'S MAIDEN NAME Rosley Taggart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs A. E. Amend <i>Address</i> 309 Russell St. Jefferson City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DISEASE WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						19. WAS AUTOPSY PERFORMED? 33ix YES <input type="checkbox"/> NO <input 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. _____							
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.) As Cole County Border		20f. CITY, TOWN, OR LOCATION Jefferson City		20g. COUNTY Jefferson	
20f. STATE Mo		21. I attended the deceased from _____ Death occurred at about 9:30 A.M. <i>Body found about 1:30 P.M., saw her alive on _____</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Bruce W.D. (Degree or title)		22b. ADDRESS 334 Madison Jefferson City Mo 64509		22c. DATE SIGNED 9-29-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 1st '56		23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		23d. LOCATION (City, town, or county) (State) Marion, Missouri	
24. FUNERAL DIRECTOR Tanner Service Jefferson City Mo				25. DATE RECD. BY LOCAL REG. 1 Oct 1956		26. REGISTRAR'S SIGNATURE R. P. Norris M.D.-M.R.	

581 87 800
191 12 1900

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No... 4623
Jefferson Ci
P. O. Address... Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.