

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041124

STATE FILE NUMBER

Filed DEC 9 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 132

300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Township		c. CITY OR TOWN Richmond 0896	
c. FULL NAME OF (IF NOT in hospital, give location) Ray County Mem. Hosp.		d. STREET ADDRESS (If outside, give location) Hubbell St.	
3. NAME OF DECEASED (Type or print) First AMBROSE Middle JEROME Last IMMELL		4. DATE OF DEATH Dec. 4, 1958	
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 Sept. 20, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. wholesale groc. house - Fresh veg. & fruit		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ambrose J. Immell		14. NAME OF HUSBAND OR WIFE Mary Etta Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Mary E. Immell, Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion DUE TO (b) Cerebral VASCULAR Occlusion DUE TO (c) ARTERIO-SCLEROSIS 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 24 hours 7.
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.) 4201	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1-58 to 12-4-58 and last saw him alive on 12-19-58 Death occurred at 3145 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-5-58	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Richmond	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) New Haven, Mo.	
23b. DATE Dec. 7, 1958		23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 12-5-1958	
		26. REGISTRAR'S SIGNATURE Maluel Jackson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 17 1968

DEC 15 1968

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 *Tom L. Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.