

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40127

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON	
b. CITY OR TOWN MILFORD		c. CITY OR TOWN MILFORD	
c. LENGTH OF STAY (In this place) 1 YR		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JERRY b. (Middle) B. c. (Last) AMBLER			4. DATE OF DEATH (Month) (Day) (Year) DEC 8 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH SEPT 5 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VERNON COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES AMBLER		13b. MOTHER'S MAIDEN NAME LUCY CURRY		14. NAME OF HUSBAND OR WIFE MARY ELIZA McMILLIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY E. AMBLER MILFORD, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <u>2 years</u>  <u>002X</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 30, 1949 to Dec. 8, 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>DR. E. E. Gledhill M.D.</u>		(Degree or title)		23b. ADDRESS <u>LAMAR</u>		23c. DATE SIGNED <u>Dec 10 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 11 1949		24c. NAME OF CEMETERY OR CREMATORY IANTHA CEMETERY		24d. LOCATION (City, town, or county) (State) IANTHA, MISSOURI	

DATE REC'D BY LOCAL REG. DEC 10 1949		REGISTRAR'S SIGNATURE <u>Maria Kowantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barb J. Kowantz</u> KOWANTZ FUNERAL HOME, LAMAR, MO.	
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 12 1949  
District Health Office No. 6,  
District File Number 1249-1343  
Date Filed 12-14-49

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 .....  
Student Embalmer

Signed

*Frank W. Dexter*

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.