

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34264

State File No. _____

742

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

BIRTH NO. <u>27639-50</u>		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u>			
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Graham</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie</u> b. (Middle) <u>Ray</u> c. (Last) <u>Van Amburg</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>10-10-1950</u>	
9. AGE (In years last birthday) <u>1</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville - Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>Am.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		13. FATHER'S NAME <u>Edwin Van Amburg</u>	
13b. MOTHER'S MAIDEN NAME <u>Velma L. - divorced</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Van Amburg - Shidmore</u>	
17. ADDRESS <u>Shidmore</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7700	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Oct 10, 1950</u> , to <u>Oct 12, 1950</u> , that I last saw the deceased alive on <u>Oct 11, 1950</u> , and that death occurred at <u>1:35 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. F. Blain M.D.</u>				23b. ADDRESS <u>Maryville - Mo.</u>		23c. DATE SIGNED <u>10-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>		24d. LOCATION (City, town, or county) (State) <u>Graham - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-21-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Shivers</u>		ADDRESS <u>Maryville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)



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 *G W Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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 this body is not embalmed, fact should be so stated above.