

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19739**

JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 12 hours		d. STREET ADDRESS (If rural, give location) 701 North Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital			

3. NAME OF DECEASED (Type or Print) CALEB	a. (First) P.	b. (Middle) VAN AMBURGH	c. (Last) VAN AMBURGH	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952
---	----------------------	--------------------------------	------------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 12, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 25	Hours 0	Min. 0
--------------------	-------------------------------	---	---	---	------------------------------------	------------------------------------	----------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager, ret.	10b. KIND OF BUSINESS OR INDUSTRY Coal Co.	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
---	---	--	---

13a. FATHER'S NAME John Van Amburgh	13b. MOTHER'S MAIDEN NAME Amanda Sitton	14. NAME OF HUSBAND OR WIFE Josephine Van Amburgh
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-24-4034	17. INFORMANT'S SIGNATURE OR NAME Josephine Van Amburgh	ADDRESS Cape Gir., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Bronchitis, bronchospasms 20 yrs.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis		
	DUE TO (c) General breakdown, weakness, age etc.		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5021	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) (Min.)	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 **1910**, 19____, to **June 7, 1952**, that I last saw the deceased alive on **June 7, 1952**, and that death occurred at **1: A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D.	23b. ADDRESS 605 Broadway Cape Girardeau, Mo.	23c. DATE SIGNED 6/10/52
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9, 1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Missouri
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 6-10-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cape Gir., Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

1907 11 28

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 Virgil H. Kelch

Licensed Embalmer No. 4192

P. O. Address Cape Girardeau,

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.