

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23616

State File No.

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 208

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Columbia, Mo.</u>	c. LENGTH OF STAY (in this place) <u>29 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Peculiar</u> d. STREET ADDRESS <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miss Gachet State Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Jr</u> c. (Last) <u>Ambrose</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 1, 1878</u>	9. AGE (In years) (If under 1 year last birthday) (If under 12 months) (If under 12 hours) <u>74</u> <u>7</u> <u>4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cathage, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>James W Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Stockmeyer</u>	13c. NAME OF HUSBAND OR WIFE <u>William Ambrose</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebothrombosis following operation</u>		<u>15 days</u>
	DUE TO (c) <u>Adenocarcinoma of left breast</u>		<u>5 mo</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>7-14-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chest cancer</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-7, 1952, to 8-5, 1952, that I last saw the deceased alive on 8-5, 1952, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Johnson</u> (Degree or title)	23b. ADDRESS <u>Columbia, Mo.</u>	23c. DATE SIGNED <u>8-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Aug 6 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 6 1952</u>	REGISTRAR'S SIGNATURE <u>Miss R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parke Funeral Service</u>	ADDRESS <u>Columbia, Mo</u>
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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.

Signed

Clarence M. Bello

Signed.....

Student Embalmer

Licensed Embalmer No. *4375*

P. O. Address *Columbia, Md.*

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.