

10-48 FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32520

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Dawson ST. JAMES TWP		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Dawson ST. JAMES TWP - 0810	
		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) (none)	c. (Last) Ambrose	4. DATE OF DEATH (Month) (Day) (Year) 9 - 2 - 52
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5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 3, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 29	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S. etc.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Emma Dodd
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie Hawkins, Sullivan, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull, left temporal & Basal		Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and Internal chest injuries. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Driver of automobile struck by railway engine. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION OFS E8104 27	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ry Crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Rosati, ST. JAMES Phelps Mo.,
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 2 1952..8:30AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Passenger automobile struck by freight engine on crossing.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased Dead on 9-2-52, 19____, and that death occurred at 8:30AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. B. Powell</i> Coroner Phelps County, Mo.	23b. ADDRESS Rolla, Missouri	23c. DATE SIGNED 9-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-4-52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James Mo.
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DATE REC'D BY LOCAL REG. 9/11/52	REGISTRAR'S SIGNATURE Mrs. Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Jesse Gahr, St. James Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

810
3

C. H. ...
9-15-52

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C. Jesse Gahr

Licensed Embalmer No. 4486

Signed.....
Student Embalmer

P. O. Address St. James, Missouri

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.