

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42871**

FILED JAN 10 1953

BIRTH NO. **124** REG. DIST. NO. **215** PRIMARY REG. DIST. NO. **5783** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Iberia, Mo Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Iberia, Missouri Rural</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ambrose</b> b. (Middle) <b>Asberry</b> c. (Last) <b>Thomas</b>		9. AGE (In years last birthday) <b>75 yrs</b> 7 Months 19 Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 7, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Miller County Missouri</b>
13a. FATHER'S NAME <b>William Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Whittle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vernon Keeth Iberia, Mo Rural</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c)  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 <b>4201</b>	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 <b>1945</b> , 19 <b>52</b> , to <b>Dec 26</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12/1/52</b> , 19 <b>52</b> , and that death occurred at <b>3:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. A. Gould</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Iberia; Mo.</b>	23c. DATE SIGNED <b>12/30/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Plesant Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Iberia, Mo Rural</b>
DATE REC'D BY LOCAL REG. <b>Dec. 30, 1952</b>	REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home</b>	ADDRESS <b>Iberia, Mo</b>

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

*Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Sherris, 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.