

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35564**

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b> )	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN</b> <b>0369</b>	
c. LENGTH OF STAY (In this place) <b>49</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>AMBROSE</b>			b. (Middle) <b>VALENTINE</b>		
c. (Last) <b>VALENTINE</b>			<b>OCT 25 1953</b>		
5. SEX <b>2</b>	6. COLOR OR RACE <b>COL</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW 2</b>	8. DATE OF BIRTH <b>FEB. 28 - 1880</b>	9. AGE (In years last birthday) <b>73</b>	10. IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LABBADIE MO 0</b>	
13a. FATHER'S NAME <b>CHAS VALENTINE</b>		13b. MOTHER'S MAIDEN NAME <b>DO NOT KNOW</b>		14. NAME OF HUSBAND OR WIFE <b>ALICE VALENTINE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm W. Clark</b> ADDRESS <b>New Haven Mo 440</b>	

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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Degeneration</b>		DUPLICATE			
ANTECEDENT CAUSES		DUE TO (b) <b>Atherosclerosis</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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			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 Mar. 14, 19 53, to Oct. 25, 19 53, that I last saw the deceased alive on Oct. 21, 19 53, and that death occurred at 1:30P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm W. Clark 2 D.O.</b>		23b. ADDRESS <b>New Haven, Mo.</b>		23c. DATE SIGNED <b>10/26/53</b>	
24a. BURIAL, CREMATION, TIGER REMOVAL (Specify)		24b. DATE <b>10-27-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NORTMANN CEM</b>	
DATE REC'D BY LOCAL REG. <b>10-26-53</b>		REGISTRAR'S SIGNATURE <b>Edna D. Judge</b>		24d. LOCATION (City, town, or county) (State) <b>NEW HAVEN MO</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. K. Fertiger</b>		ADDRESS <b>San Francisco, Cal.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
60

**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 *Carl Fertig*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*2385*

*Yess Baron*

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.