

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39592

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 10

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> |  | c. CITY OR TOWN <u>Monett</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>6 Wks.</u>  |  | e. STREET ADDRESS (If rural, give location) <u>908 3rd. St.</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>                        |  |   |   |

|   |                               |   |   |
|---|-------------------------------|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>AMBER</u> c. (Last) <u>AMBER</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1955</u>            |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 9, 1870</u>                              |
| 9. AGE (In years last birthday) <u>85</u>   |                               | IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>                         | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>                       |
| 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 (City and State or Foreign Country) <u>England</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                               |   |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>William P. Bayes</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Annie Goff</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Eliz James Ambers (decs)</u>                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>None</u>         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizbeth Ambers, Chicago, Ill.</u> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Carcinomatosis</u>                     |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____   |  | II. OTHER SIGNIFICANT CONDITIONS<br>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 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 10-1-1953 to 12-17-1955, that I last saw the deceased alive on 12-17-1955, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <u>F. L. Edwards</u> (Degree or title) <u>M.D.</u>         |  | 23b. ADDRESS <u>Monett, Mo</u>                         |  | 23c. DATE SIGNED <u>12-17-55</u>                      |  |
| 24a. FUNERAL CREMATION REMOVAL (Specify) <u>Burial</u>                    |  | 24b. DATE <u>12/19/55</u>                              |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Buchanan</u> |  | ADDRESS <u>Monett Mo</u>                              |  |
| DATE REC'D BY LOCAL REG. <u>12-19-55</u>                                  |  | REGISTRAR'S SIGNATURE <u>Mrs. P. D. Cook</u> 513       |  |   |  |

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1255-377

DATE REC. 12-27-55

**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.....  
Signature of Student Embalmer

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.