

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25420

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 215 Primary Registration District No. 578.3 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Iberia</u>		c. CITY OR TOWN <u>Iberia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richwoods twp</u>		d. STREET ADDRESS (If outside, give location) <u>8442</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Frederick Ambrose</u>		4. DATE OF DEATH Month Day Year <u>July 22, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 15, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years (b) (Birth day) Months Days Hours Min. <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Cole Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Jefferson Ambrose</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida M Musick</u>		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>None</u>		17. INFORMANT <u>Fred Ambrose</u> Address <u>Iberia, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIO-VASCULAR-RENAL Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>✓</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1952</u> to <u>July 22, 1957</u> and last saw him alive on <u>July 21, 1957</u> Death occurred at <u>3 25 A.M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Michels, DO</u> (Degree or title)		22b. ADDRESS <u>2000 Rocker, Mo</u>	
22c. DATE SIGNED <u>7-25-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>7-24-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gott</u>	
23d. LOCATION (City, town, or county) <u>Miller Co. Mo</u>		(State)	
24. FUNERAL DIRECTOR'S ADDRESS <u>Hedges Funeral Homes Iberia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 27, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>			

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AUG 5 '57

Miller County
Health Department

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 *Walter P. Hedge*

Licensed Embalmer No.

P. O. Address

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.