

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39162

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandott							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia				c. CITY OR TOWN Kansas City Kansas							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp.				d. STREET ADDRESS (If outside, give location) 3061 Parkwood Blvd.							
3. NAME OF DECEASED (Type or print) First Rimberly Middle Ann Last Amberg				4. DATE OF DEATH Month November Day 11 Year 1957							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH November 10, 1957					
9. AGE (In years last birthday) One		10. IF UNDER 1 YEAR Months One Days 37 Min.		11. BIRTHPLACE (City and state or country) Columbia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.					
13. FATHER'S NAME Theodore William Amberg Jr.				14. MOTHER'S MAIDEN NAME Suzanne Kressig							
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 Mrs Leo Kressig, Salisbury, Mo.				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY (Estimated gestation - 6 months) (Weight = 1 lb 11 oz) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 776X				INTERVAL BETWEEN ONSET AND DEATH 37 hrs			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒				20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Hour, a. m., p. m.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)							
20f. CITY, TOWN, OR LOCATION Salisbury, Mo.				20g. COUNTY Salisbury, Mo.							
20h. STATE Mo.				21. I attended the deceased from 11-10-57 to 11-11-57 and last saw her alive on 11-11-57 Death occurred at 7:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edward Washington M.D.				22b. ADDRESS Columbia, Mo.							
22c. DATE SIGNED 11-11-57				23a. BURIAL, CREMATION, REMOVAL (Specify) burial							
23b. DATE 11/12/57				23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery							
23d. LOCATION (City, town, or county) Salisbury, Missouri				23e. (State) Missouri							
24. FUNERAL DIRECTOR Chas B Winckelmyer				25. DATE RECD. BY LOCAL REG. Nov 12 1957							
26. REGISTRAR'S SIGNATURE Mrs R E Palmer				(Licensed Embalmer's Statement on Reverse Side)							

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 NOT embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas B Winhelmyer

Licensed Embalmer No. 384

P. O. Address Salisbury,

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.