

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032284

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 113 Primary Registration District No. 430 Registrar's No. 682

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central TWSP.</u>		c. CITY OR TOWN <u>ST. Clair</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Highway K</u>	
Length of stay in lb <u>2 Yrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ambrose James Missey</u>			4. DATE OF DEATH Month Day Year <u>Sept 22 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9 1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Bourbon Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Columbus missey</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Talbert</u>		14. NAME OF HUSBAND WIFE <u>Perry Richardson</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>NOT Available</u>		17. INFORMANT <u>MRS Perry Missey</u>	
				Address <u>ST. Clair 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>Cancer of Liver & Biliary passages</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>1551</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General Debilitated Condition</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>9-18-58</u> , to <u>9-22-58</u> and last saw <u>him</u> alive on <u>9-19-1958</u> Death occurred at <u>8:15-4-</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
--	--	--	--	--	--

22a. SIGNATURE (Degree or title) <u>Dr. W. E. Mitchell M.D.</u>			22b. ADDRESS <u>St. Clair Mo</u>		22c. DATE SIGNED <u>9-22-58</u>
--	--	--	-------------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harrison</u>	23d. LOCATION (City, town, or county) (State) <u>Bourbon Mo.</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Herman [unclear] Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Shady [unclear]</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

110

1958

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 *Norman C. Hoener*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.