

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043040

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tx</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrod township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Licking</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1070 West of Licking</u>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>H.</u> Last <u>Amburn</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>14</u> Year <u>1958</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 2, 1889</u>	9. AGE (In years last birthday) <u>69</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Licking Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Amburn</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Russell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or series of service) <u>yes 1-24-18-103-45</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Russell Raymondville</u>	Address
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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>probable coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>31-45 min</u>
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)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> 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.) <u>4201</u>
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20c. TIME OF INJURY Hour _____ 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
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21. I <u>VIEWED</u> the deceased <u>on 11-14-58</u> to _____ and last saw her alive on _____ Death occurred at <u>approx. 4:20 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>James L. Gentry (Coroner)</u>	22b. ADDRESS <u>Calool, Mo.</u>	22c. DATE SIGNED <u>11-14-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
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24. FUNERAL DIRECTOR <u>Smith Ferguson</u>	ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 24, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ethora Hesse</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 9 1958

DEC 18 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 *Ernest E Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Fickling MA*

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.