Health, Welfare Public Service

300
-57

0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008502
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo.Meth.Hosp. — Length of stay in 1b: most of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph c117 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1301 Ashland Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JEANNETTE Middle: AMBROSE Last: MITCHELHILL

4. DATE OF DEATH: Month March Day 9 Year 1959

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Feb. 6, 1873
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Bloomington, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Ambrose
13b. MOTHER'S MAIDEN NAME: Hannah Sherratt
14. NAME OF HUSBAND OR WIFE: William

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. J. M. Mitchelhill, Address: Rancagua, Chile

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulation (Aspiration of Vomitus) — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adynamic Ileus, — 4 days
Acute arthritis (Mixed type) Severe — 7 wks
DUE TO (c) Arteriosclerotic Heart Disease — 7 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Poliomyelitis (childhood) Motor Impairment To Legs, 5701
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from Oct-8-1945, to Mar-9-59 and last saw her/him alive on Mar-8-59
Death occurred at 8:30a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: T. L. Howden (Degree or title) M.D.
22b. ADDRESS: 419 Kirkpatrick Bldg.
22c. DATE SIGNED: Mar-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/11/1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Mora Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 16, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Sandell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in filling out. "No symptoms" is never a cause. All diseases in Part I must be causally related.

Dr. T. L. Howden

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John V. Henick Jr.

Licensed Embalmer No. 4848

P. O. Address K. C., 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.