

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020382
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center		d. STREET ADDRESS (If outside, give location) RFD #2	
3. NAME OF DECEASED (Type or print) First Otto Middle Amberger Last Amberger		4. DATE OF DEATH Month 6 Day 18 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 10-16-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Perry, County, Missouri	
13a. FATHER'S NAME Joseph Amberger		14. NAME OF HUSBAND OR WIFE Ella Amberger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Young Funeral Home, Perryville, 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) Biliary cirrhosis DUE TO (b) ascending Cholangitis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years 3 years?	
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 ☐ 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 4-21-59 to 6-18-59 and last saw him alive on 6-18-59 Death occurred at 2:00pm m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Wale B. Sprinkle, M.D.	
22b. ADDRESS University Hospital		22c. DATE SIGNED 6-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/21/1959	23c. NAME OF CEMETERY OR CREMATORY Emanuel Lutheran	23d. LOCATION (City, town, or county) (State) Perryville, Mo.
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo.		25. DATE RECD. BY LOCAL REG. June 19 1959	
26. REGISTRAR'S SIGNATURE Mr. R. E. Palmer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 *George D. Mammill*

Licensed Embalmer No. *4425*

P. O. Address *Columbus, Ohio*

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.