URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039542

STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 15

MENDED

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamersville — Length of stay in 1b 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Dunklin
c. CITY OR TOWN Hamersville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt # 1. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: AMBRAS. MARTIN MABRY.

4. DATE OF DEATH Month Day Year: 11 . 9 . 1959.

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1/12/1875
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Day Labor.
10b. KIND OF BUSINESS OR INDUSTRY Day Labor.
11. BIRTHPLACE (City and state or country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Joseph Mabry.
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE —

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. No.
17. INFORMANT Ruby Dickerson — Address Hamersville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Renal failure	48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebro vascular accident	7 days
DUE TO (c)	Hypertensive Cardio vascular disease	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. 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 6/10/59 to 11/9/59 and last saw ~~her~~ him alive on 11/9/59
Death occurred at 11:35 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R L Palenske MD
22b. ADDRESS Hamersville, Mo
22c. DATE SIGNED 11/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/10/1959
23c. NAME OF CEMETERY OR CREMATORY Harmer.
23d. LOCATION (City, town, or county) (State) Hamersville Mo.

24. FUNERAL DIRECTOR W T Emerson — ADDRESS Jonesboro Ark.
25. DATE RECD. BY LOCAL REG. 11/11/59
26. REGISTRAR'S SIGNATURE Sue Palenske

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.