

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012188

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 2945 Registrar's No. 20

FILED MAR 26 1962

VS 300 Rev. 4/59

1 0810
2 0810
3 1
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9 4201
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12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dillon Twp</u> Length of stay in 1b		c. CITY OR TOWN <u>St. James</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 <u>Lakeview Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Dillon Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEE</u> <u>AMSBERRY</u>		4. DATE OF DEATH Month Day Year <u>March 9, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>7-1-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mine worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	9. AGE (last birthday) Months Days Hours Min. <u>77</u> <u>8</u> <u>8</u>
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sam Ansberry</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Atchison</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		17. INFORMANT Address <u>Lakeview Nursing Home St. James, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>0</u> <u>10 months</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. : Month, Day, Year		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>December 14/61</u> to <u>March 9, 1962</u> and last saw him ^{her} alive on <u>March 5, 1962</u> Death occurred at <u>6:45</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. J. Hammler M.D.</u> (Degree or title)		22b. ADDRESS <u>St. James, Mo.</u>	
22c. DATE SIGNED <u>3-9-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-12-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Caledonia, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-10-62</u>	26. REGISTRAR'S SIGNATURE <u>Reut B. Powell</u>

W

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 C. Gene Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, 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.