

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046857

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 5001 Registrar's No. 424

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 3/59

1 0010
2 0010
3
4 1
5 2
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7 1
8 2
9 4/201
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11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
BY AFFIDAVIT OF

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp.		Length of stay in 1b years	c. CITY OR TOWN Greentop Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Greentop, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLOTTE REGINA AMBROSIA			4. DATE OF DEATH Month Day Year December 29 1963
5. SEX Female	6. COLOR OR RACE White	7. STATUS Widowed <input checked="" type="checkbox"/> Married	8. DATE OF BIRTH 1/16/77
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Shelby County, Ill.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Barnhardt, Christian	
13b. MOTHER'S MAIDEN NAME Lousia Frieberger		14. NAME OF HUSBAND OR WIFE Wm F. Ambrosia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No No		16. SOCIAL SECURITY NO. Leo Ambrosia, Greentop, Mo. Rt.1	
17. INFORMANT Leo Ambrosia, Greentop, Mo. Rt.1		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour
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)			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 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.)	
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 7-5-61 to 12-29-63 and last saw ^{her} him alive on 11-4-63		Death occurred at 4:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>B. P. Valumbo</i> (Degree or title)	22b. ADDRESS <i>Greentop, Mo. 1-2-64</i>	22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/63	23c. NAME OF CEMETERY Willmathsville	23d. LOCATION (City, town, or county) Willmathsville, Adair, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 2, 1964	26. REGISTRAR'S SIGNATURE <i>Doris W. Rathoff</i>

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued

R. P. VALUER, D. O.

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 Novel E. Foster

Licensed Embalmer No. 4742
P. O. Address Kuksnally, 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.