

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32519

State File No.

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 45

810
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. James	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural St. James <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Elizabeth	c. (Last) Ambrose	4. DATE OF DEATH (Month) (Day) (Year) 9-2-52
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5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-29-1904	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri <u>U</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dennis Dodd	13b. MOTHER'S MAIDEN NAME Anna Garrison	14. NAME OF HUSBAND OR WIFE Joseph Ambrose
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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'S SIGNATURE OR NAME Rosie Hawkins, Sullivan, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture left side of head and crushed chest.		Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Passenger in automobile struck by railway engine.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8104 081 27	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ry Crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Rosati, St. James, Phelps Mo.,
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 2 1952 8:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Passenger automobile struck by freight engine on crossing.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **Decease on 9-2-52**, 19____, and that death occurred at **8:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	Coroner, Phelps County, Missouri	23b. ADDRESS Rolla, Missouri	23c. DATE SIGNED 9-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-4-52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Missouri
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DATE REC'D BY LOCAL REG. 9/11/52	REGISTRAR'S SIGNATURE Mr. Wayne S. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr, St. James, Mo.	ADDRESS
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9-15-52

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.....

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working under my personal supervision:

..... Student Embalmer No.....

Signed.....

C. Jesse Gahr

Licensed Embalmer No. 4486

Signed.....
Student Embalmer

P. O. Address St. James, Missouri

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 this body is not embalmed, fact should be so stated above.