

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15347

State File No. ....

FILED MAY 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1947</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>65 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				19 STREET ADDRESS (If rural, give location) <u>715 CLEVELAND AVENUE</u> <sup>3198</sup>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>AMBERGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1955</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 20, 1889</u>		
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAY-OUT MAN (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDER'S STEEL CO. KANSAS CITY, MISSOURI</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U. S. A.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>HARRY AMBERGER</u>		13b. MOTHER'S MAIDEN NAME <u>URSULA SCHUMACHER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. AMELIA AMBERGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>#</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. AMELIA AMBERGER 715 CLEVELAND AVENUE KANSAS CITY, MO.</u>				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarct</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
II. OTHER SIGNIFICANT CONDITIONS								
DUE TO (b) <u>Arterio Sclerosis</u>						7 yrs		
DUE TO (c)								
19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION		
19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. HOW DID INJURY OCCUR?				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>Jan 5, 1953</u> to <u>May 2, 1955</u> , that I last saw the deceased alive on <u>May 2, 1955</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas. S. Nelson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3621 1/2 Independence</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-4-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. H. Newcomer 1331 BRUSH CAREX KANSAS CITY, MO.</u>				

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

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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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *KC 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.