

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29854

State File No.

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1054

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (in this place) 47 yrs | c. CITY OR TOWN St. Joseph | 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 St. Joseph's Hospital | | e. STREET ADDRESS (If rural, give location) 602 North 23rd St., 01170 | |

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|---|------------|-------------|---------------------------|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) MARTIN | a. (First) | b. (Middle) | c. (Last) AMBROZI, SR. | 4. DATE OF DEATH SEPT 18, 1956 |
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|---|--|---|--|---------------------------------------|-------------------------------|-------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Feb 13, 1896 | 9. AGE (in years last birthday) 60 | # UNDER 1 YEAR Months Days | # UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) groceryman | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia | 12. CITIZEN OF WHAT COUNTRY? Nat. USA | | | |

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| 13a. FATHER'S NAME Adam Ambrozi | 13b. MOTHER'S MAIDEN NAME Margarte ? | 14. NAME OF HUSBAND OR WIFE Maude |
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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. 500-36-2186 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Ambrozi, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Sept 17, 1956, to Sept 18, 1956, that I last saw the deceased alive on Sept 18, 1956, and that death occurred at 6:00A m., from the causes and on the date stated above.

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|---------------------------------------|---|--|------------------|
| 23a. SIGNATURE John T. Rogers M.D. | (Degree or title) <input checked="" type="checkbox"/> | 23b. ADDRESS Kirkpatrick Bldg., St. Joseph, Mo. | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Sept 21, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. Oct 1, 1956 | REGISTRAR'S SIGNATURE Eileen M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp, St. Joseph, Missouri | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

48 5 0

OCT 16 1956

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, ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin E. Bazan*

Licensed Embalmer No. *4796*

P. O. Address *St. Joseph*

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.