

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44680

STATE FILE NUMBER

5676

FILED JAN 22 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

with, self, care, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. J. Harvey Jennett

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION COLONIAL NURSING HOME Length of stay in 1b. 50 YEARS		d. STREET ADDRESS 7100 THE PASSEO (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JOSEPH E. AMBLER			4. DATE OF DEATH Month Day Year DEC. 28-1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 16-1868
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MANAGER		10b. KIND OF BUSINESS OR INDUSTRY ESTES RECREATION	11. BIRTHPLACE (City and state or country) CHAMPAIGN ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME THOMAS AMBLER	
14. MOTHER'S MAIDEN NAME KATHLEEN BRILL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. RUTH MANES 7100 THE PASSEO KANSAS CITY MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Apoplexy with Hemiplegia DUE TO (b) Hypertension and Arteriosclerosis (c) Terminal Coronary Thrombus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Nothing especial except his age.			INTERVAL BETWEEN ONSET AND DEATH 11 years 32 1/2 few days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> none	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. none	
20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		20e. CITY, TOWN, OR LOCATION COUNTY STATE none	
21. I attended the deceased from 12-21-1945 to Dec 28, 1956 and last saw him alive on Dec 28, 1956 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Harvey Jennett, M.D.		22b. ADDRESS 1500 Professional Bldg Kansas City 6 Mo	
22c. DATE SIGNED 12-28-'56		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE DEC. 31 1956		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)	
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 133 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 12-31-56	
26. REGISTRAR'S SIGNATURE Debra Marshall			

(Licensed Embalmer's Statement on Reverse Side)

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 *Basil V. Honey*.....

Licensed Embalmer No.

P. O. Address *J.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.