

FILED APR 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014798
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 68

300
1-57
532

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in lb 25 yrs.	d. STREET ADDRESS (If outside, give location) Washington Apt. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Middle A Last Amsberg			4. DATE OF DEATH Month April Day 20 Year 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6 1890	9. AGE (In years by birthday) 67	FUNDER 1 YEAR Months	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) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Municipal	11. BIRTHPLACE (City and state or country) La Salle Ill.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Christian Amsberg	13b. MOTHER'S MAIDEN NAME Marie Gielow	14. NAME OF HUSBAND OR WIFE Mae Amsberg
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 500-01-3958	17. INFORMANT Address Mrs. C. A. Amsberg Lebanon Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) primary in prostate gland		
DUE TO (c) 177X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 4-20-58 , to 4-20-58 and last saw ^{her} _{him} alive on 4-20-58 Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Dee or title) H. Carrington M. D.	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 4-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 22 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memo. Park	23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
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24. FUNERAL DIRECTOR S. R. Polony Lebanon Mo	25. DATE RECD. BY LOCAL REG. 4-21-1958	26. REGISTRAR'S SIGNATURE Hella L. Hays
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received APR 28 1958
Laclede County Health Unit
File No. 68
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MAY 2 1958

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 S. P. Palmer

Licensed Embalmer No. 2208
P. O. Address Lebanon, 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.