S. No. 300
v. 10.48

FILED DEC 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43922
State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 166

0841

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Hickley Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar 0841
d. STREET ADDRESS (If rural, give location): West Hickley Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Dora b. (Middle) Elled c. (Last) Ehart
4. DATE OF DEATH (Month) (Day) (Year): Dec 21 1953
5. SEX: Female
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7 1883
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Page Co Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James Tirey
13b. MOTHER'S MAIDEN NAME: Malinda Catherine Mass
14. NAME OF HUSBAND OR WIFE: Chas. M. Ehart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Chas. M. Ehart — ADDRESS: Bolivar Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs.
DUE TO (c) Arteriosclerosis — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1953, *to* Dec 21, 1953, *that I last saw the deceased alive on* Dec 20, 1953, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Earnest (Degree or title) MD
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 22/53
24c. NAME OF CEMETERY OR CREMATORY: Zayde Cemetery
24d. LOCATION (City, town, or county) (State): Near Polk (Mo)

DATE REC'D BY LOCAL REG.: 12-26-53
REGISTRAR'S SIGNATURE: Ralph Gordon 238
25. FUNERAL DIRECTOR'S SIGNATURE: Edwin & Blue — ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4154

P. O. Address Belair, Md.

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.