

FILED DEC 21 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41752**

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 28		
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Moniteau				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		0681		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lathan Sanatorium				d. STREET ADDRESS (If rural, give location) 601 Roacher				
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) S BILLA c. (Last) ELLERBECK			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1954					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 10, 1875		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Days 3		IF UNDER 1 HR. Hours 29		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry B. Hasemeyer			13b. MOTHER'S MAIDEN NAME Liretta Kusgen			14. NAME OF HUSBAND OR WIFE August Ellerbeck		
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. none		17. INFORMANT'S SIGNATURE OR NAME Martha Hasemeyer ADDRESS California, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 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) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s. - 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec 6, 1954 , to Dec 9, 1954 , that I last saw the deceased alive on Dec 9, 1954 , and that death occurred at 10³⁰ P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Kerison Lathan M.D.				23b. ADDRESS California, Mo.		23c. DATE SIGNED 12-10-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 11, 1954		24c. NAME OF CEMETERY OR CREMATORY Salem Evangelical		24d. LOCATION (City, town, or county) (State) California, Mo.		
DATE REC'D BY LOCAL REG. 12/14/54		REGISTRAR'S SIGNATURE N. K. Papey		506 A. E. Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS California, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0681

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.