

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 36V PRIMARY REG. DIST. NO. 4531 Registrar's No. 14

1. PLACE OF DEATH

a. COUNTY WARREN

b. CITY (If outside corporate limits, write RURAL and give township) WARRENTON

c. LENGTH OF STAY (in this place) 3 WEEKS

d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI b. COUNTY SALINE

c. CITY (If outside corporate limits, write RURAL and give township) MALTA BEND 09701

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED

a. (First) FRED b. (Middle) HENRY c. (Last) EHLERT

4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1955

5. SEX M 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH FEB. 2 1868 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (City and State or Foreign Country) GERALD MO. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM EHLERT 13b. MOTHER'S MAIDEN NAME LOUISE SCHWEER 14. NAME OF HUSBAND OR WIFE DEAD

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. _____ 17. INFORMANT'S SIGNATURE OR NAME MRS. JOHN FISHER OWENSVILLE ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral Hypostatic INTERVAL BETWEEN ONSET AND DEATH 4 1/2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senescent arteriosclerosis

DUE TO (c) arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Stroke Senescent

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) Warrenton MO SALINE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 March 14 1955 to April 6 1955, that I last saw the deceased alive on April 6 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald J. Helbert MD 23b. ADDRESS Warrenton Mo 23c. DATE SIGNED 4-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APRIL 11 1955 24c. NAME OF CEMETERY OR CREMATORY RED OAK METHODIST 24d. LOCATION (City, town, or county) (State) ROSE BLD MO.

DATE REC'D BY LOCAL REG. 4-11-55 REGISTRAR'S SIGNATURE Clayd Logan 25. FUNERAL DIRECTOR'S SIGNATURE Milford H. Winter ADDRESS OWENSVILLE

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

APR 2 1938

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Welford H H Winter

Licensed Embalmer No. 3838

P. O. Address WINDSVILLE

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.