

FILED AUG 24 1955

STANDARD CERTIFICATE OF DEATH

25236

State File No. 105

Registrar's No. 105

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5059</u>		Registrar's No. <u>105</u>			
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora R-2 Ozark</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora R-2 Ozark</u>		d. STREET ADDRESS (If rural, give location) <u>5 MILES SOUTH</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILES SOUTH</u>				d. STREET ADDRESS <u>5 MILES SOUTH</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MONTIE</u>			b. (Middle) <u>@</u>		c. (Last) <u>Ebbis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7, 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 7-1893</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>62</u> <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am</u>		
13a. FATHER'S NAME <u>Frank Ebbis</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Robbins</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Ebbis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Ebbis Aurora MO</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>inst</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>4201</u>					
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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>Aug 7</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased <u>die</u> on <u>Aug 7</u> , 19 <u>55</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul D. Newbest, Coroner</u>				23b. ADDRESS <u>Cassville, Missouri</u>			23c. DATE SIGNED <u>8-13-1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clay Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora MO R2</u>			
DATE REC'D BY LOCAL REG. <u>8-17-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>			513		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Marsh</u>		
							ADDRESS <u>Aurora MO</u>		

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 865-317

DATE REC. 8-23-56

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.....

Myself..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Osborn L. Ward.....

Licensed Embalmer No. 3812.....

P. O. Address Barry County, 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.