

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5292

State File No.

25623

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4427 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TRIMBLE, MO. c. LENGTH OF STAY (In this place) R.F.D. LIFETIME		c. CITY OR TOWN TRIMBLE, MO. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. TOWN NAME OF HOSPITAL OR INSTITUTION HOME		e. STREET ADDRESS (If rural, give location) 7 miles S.E. of TRIMBLE, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE	b. (Middle) ----	c. (Last) EBERTS	4. DATE OF DEATH (Month) (Day) (Year) AUG. 25, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 1, 1964	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 7 Days 25 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) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) CLAY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSHUA CROW	13b. MOTHER'S MAIDEN NAME MALISSA CREEK	14. NAME OF HUSBAND OR WIFE JACOB EBERTS DIED 1930
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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 HARRY L. EBERTS, AVONDALE, MO. ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		DUE TO (b) Generalized arteriosclerosis		3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) 332X		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1954, to Aug, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Canady (Degree or title) M.D.	23b. ADDRESS Smithville, Mo.	23c. DATE SIGNED 8-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-27-'55	24c. NAME OF CEMETERY OR CREMATORY PARADISE CEMETERY	24d. LOCATION (City, town, or county) (State) PARADISE, CLAY CO., MO.
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DATE REC'D BY LOCAL REG. 8-26-55	REGISTRAR'S SIGNATURE Marquerite Hudson	25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME ADDRESS SMITHVILLE, MO.
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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.....
Signature of Student Embalmer

Signed.....
Donald W. Hawks

Licensed Embalmer No. *452*

P. O. Address *Smithville*

**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.**