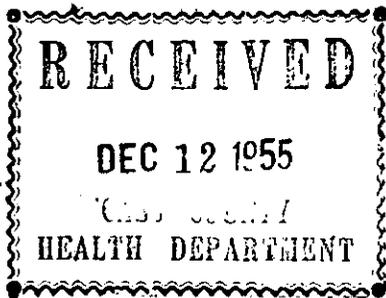


FILED DEC 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36228

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLEASANT HILL</u>		c. LENGTH OF STAY (in this place) <u>UNKNOWN</u>		c. CITY OR TOWN <u>PLEASANT HILL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 BLOCK N. INDEPENDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>500 BLOCK N. INDEPENDENCE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>P.</u> c. (Last) <u>EBERHARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>UNKNOWN</u>	
9. AGE (In years last birthday) <u>65?</u>		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) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>496-03-9049</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. Jankows. Corner Pleasant Hill, Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPHYXIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACCIDENTAL CARBON MONOXIDE POISONING</u> DUE TO (c) <u>DEFECTIVE GAS STOVE</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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE) <u>PLEASANT HILL 019 CASS MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-2-55 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DEFECTIVE STOVE - DIED IN SLEEP.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bernard Jankows. Corner Cass 3</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>12/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL Cem</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5 1955</u>		REGISTRAR'S SIGNATURE <u>Ubra Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BROWNFIELD-STANLEY</u>		ADDRESS <u>PLEASANT HILL, MO.</u>	



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 *William L. Anderson*.....

Licensed Embalmer No. *467*.....

P. O. Address *Pleasant Hill*.....

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.