

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 35

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| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR Rural <u>Canaan Twp.</u> townshp) | | c. LENGTH OF STAY (in this place) <u>37y.</u> | c. CITY OR TOWN <u>Near Rosebud Mo.</u> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rosebud Route</u> | | e. STREET ADDRESS (If rural, give location) <u>Rosebud Route</u> <u>0370</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>Johannes</u> | c. (Last) <u>Ehlert</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 1955</u> |
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| 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>Jan. 5 1883</u> | 9. AGE (In years last birthday) <u>72</u> | 10. UNDER 1 YEAR Months <u>10</u> Days <u>19</u> | 11. UNDER 18 HRS. Hours <u></u> Mins. <u></u> |
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| 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 (City and State or Foreign Country) <u>Franklin County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William Ehlert</u> | 13b. MOTHER'S MAIDEN NAME <u>Louisa Schweer</u> | 14. NAME OF HUSBAND OR WIFE <u>Kathryn Ehlert Binkholder</u> |
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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) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>499-40-0856</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Ehlert</u> | ADDRESS <u>Rosebud Mo.</u> |
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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, asthma, 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) <u>Chronic Myocardial Degeneration</u> | | <u>1 year</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> DUE TO (c) <u>4221</u> | | <u>2 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Nephrectomy</u> | | <u>3 yrs.</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 11-17, 1955, to 11-24, 1955, that I last saw the deceased alive on 11-24, 1955, and that death occurred at 11:30 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Rene Brown, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Owensville Mo.</u> | 23c. DATE SIGNED <u>11-25-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 27, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Rosebud Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>November 28, 1955</u> | REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappinger</u> <u>493-7</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard A. H. Winter</u> | ADDRESS <u>OWENSVILLE</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 18 1957

DEC 7 1957

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 *Jefford H H W*.....
Licensed Embalmer No. 38

P. O. Address OWENS

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.