

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1720

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOACHIM TP.</u>		c. CITY OR TOWN <u>ARNOLD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE, ARNOLD, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW NURS. HOME</u>			
3. NAME OF DECEASED a. (First) <u>KATHERINE</u> b. (Middle) <u>P.</u> c. (Last) <u>EHLERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR (OR RACE) <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 16, 1875</u>
9. AGE (In years last birthday) <u>80</u>		# UNDER 1 YEAR Months <u>5</u>	# UNDER 1 WK. Days <u>24</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			

13a. FATHER'S NAME <u>JOHN TROST</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE (UNK)</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM EHLERS (DEC)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERMAN EHLERS</u> ADDRESS <u>CRYSTAL CITY 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</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) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>493x</u>		

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 1-1-1956, to 1-10-1956, that I last saw the deceased alive on 1-10-1956, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crystal City, Mo</u>	23c. DATE SIGNED <u>1-12-56</u>
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24a. BURIAL CREAM <u>NO</u>	24b. DATE <u>JAN 12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS LUTHERAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ARNOLD MO</u>
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DATE REC'D BY LOCAL REG. <u>1/12/56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HEILIGTAG FUNERAL HOME, IMPERIAL, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

JAN 18 1956

MAR 12 1956

MAR 15 1956

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 *Elmer Haligton*.....

Licensed Embalmer No. *357*.....

P. O. Address *Imper*.....

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.