

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9456**

FILED APR 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin Missouri</b>	
c. LENGTH OF STAY (In this place) <b>3/22-25/56</b>		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 <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3210 East 7th St.</b>	

3. NAME OF DECEASED (Type or Print) **John Fred Ebbs**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) **March 25, 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **4/25/1879** 9. AGE (In years last birthday) **76yrs**

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF OVER 1 YEAR Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farm Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) / **Kansas**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Alma Ebbs**

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. **490-20-1426**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Alma Ebbs Joplin, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pulmonary edema**

ANTECEDENT CAUSES DUE TO (b) **Myocardial degeneration**

DUE TO (c) **Coronary arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **48 hrs**  
**8 mo**  
**?**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **6/3**, 19**55**, to **3/25**, 19**56**, that I last saw the deceased alive on **3/24**, 19**56**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **420 Byers Ave, Joplin Mo** 23c. DATE SIGNED **3/24/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3/26/56** 24c. NAME OF CEMETERY OR CREMATORY **Salina** 24d. LOCATION (City, town, & county) (State) **Salina, Kansas**

DATE REC'D BY LOCAL REG. **3/26/56** REGISTRAR'S SIGNATURE **Dove Merriam** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **William E. Lotteet Salina, Kansas**

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

APR 9 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 Jack Parker

Licensed Embalmer No. 493

P. O. Address [Handwritten]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.