

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 13 1956

State File No. **33370**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>215 East Benton St. 01110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 East Benton St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Weinhold.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-56.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u>	8. DATE OF BIRTH <u>July 22 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of Variety Store.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Str Varsity Store.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Victor Kanke</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bode.</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Weinhold (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Weinhold (Carrollton Mo.)</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary Occlusion and arteriosclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>260x?</u> <u>8</u>
	ANTECEDENT CAUSES <u>Arteriosclerosis.</u> DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>meplitic acid robust</u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>*Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 3-1, 1951, to 10-31, 1956, that I last saw the deceased alive on 10-31, 1956, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) <u>Eugene T. Seibert</u>	23b. ADDRESS <u>Carrollton Mo.</u>	23c. DATE SIGNED <u>11-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		

DATE REC'D BY LOCAL REG. <u>11-2-56</u>	REGISTRAR'S SIGNATURE <u>Wm Seibert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u>	ADDRESS <u>Carrollton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

450

EX-107

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.....
R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address *Carrollton*

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.