Health, & Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

15983

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Bretton Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Potosi Length of stay in 1b 20 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Washington
c. CITY OR TOWN Rural 1100 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Near Potosi Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Laura Middle Ebelin Last Conway
4. DATE OF DEATH Month April Day 26 Year 1957
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH July 18 1875
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 9 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Washington Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Wigger
14. MOTHER'S MAIDEN NAME Rachel Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Smith Address Potosi Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Angiosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiratory failure
DUE TO (c) Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1956, to April 1957 and last saw her ~~him~~ alive on April 25, 1957
Death occurred at 12-40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George M. Gasser DO
22b. ADDRESS 211 E. High Potosi Mo
22c. DATE SIGNED 4/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-28-57
23c. NAME OF CEMETERY OR CREMATORY Potosi Masonic Cem.
23d. LOCATION (City, town, or county) (State) Potosi Mo.

24. FUNERAL DIRECTOR Mrs. Luther Sparks ADDRESS Potosi Mo
25. DATE RECD. BY LOCAL REG. 4/30/57
26. REGISTRAR'S SIGNATURE Herbert Kendall

(Licensed Embalmer's Statement on Reverse Side)

-03-

RECEIVED

APR 30 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat Rock,

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.