THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043429
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 283

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 307 St Louis Ave — Length of stay in 1b 5 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Fulton 0143 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside city, give location) 307 St Louis Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Ada — Middle Betsy — Last Ebersole
4. DATE OF DEATH: Month Dec. Day 12 Year 1958
5. SEX F.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Sept. 5, 1878
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 3 Days 7 — 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 Housework
11. BIRTHPLACE (City and state or country) Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Austin
14. MOTHER'S MAIDEN NAME Alice Simco
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. None
17. INFORMANT Austin Ebersole — Address Fulton 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 vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic heart disease 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 10 Dec 58 to 12 Dec 58 and last saw her alive on 10 Dec 58
Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Gore (Degree or title) MD.
22b. ADDRESS 607 Court Fulton Mo
22c. DATE SIGNED 22 Dec 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 14, 1958
23c. NAME OF CEMETERY OR CREMATORY Mount Carmel
23d. LOCATION (City, town, or county) (State) Callaway County Mo.

24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home Fulton Mo.
25. DATE RECD. BY LOCAL REG. Dec. 22 - 1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JAN 2

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. de Posson

Licensed Embalmer No. 255

P. O. Address Fulton

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