IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033412

STATE FILE NUMBER

FILED VS OCT 6 1959 2 97

Registration District No. 2 97 Primary Registration District No. 6021 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grape Grove TWSP.
Length of stay in 1b 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 miles NW Norborne Mo
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ray
c. CITY OR TOWN Norborne
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10 Miles NW Norborne, Mo.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Virgil Middle: Eugene Last: Ebert
4. DATE OF DEATH Month: Sept. Day: 26 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept 10-59
9. AGE (last birthday) IF UNDER 1 YEAR: Months / Days 16 IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Carrollton, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Virgil Ebert
13b. MOTHER'S MAIDEN NAME Verdie Miller
14. NAME OF HUSBAND OR WIFE None
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 Verdie Miller Address Norborne, 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) Suffocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 ____, to ____ and last saw ~~him~~ alive on ____
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lloyd B. Cook, M. D. (Degree or title)
22b. ADDRESS Richmond, Missouri
22c. DATE SIGNED 9/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 27Sept.'59
23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery
23d. LOCATION (City, town, or county) Norborne (State) Missouri

24. FUNERAL DIRECTOR Gibson Funeral Home Norborne Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-29-1959
26. REGISTRAR'S SIGNATURE Malul Jackson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gene W Gibso

Licensed Embalmer No. 296

P. O. Address Carrollton

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