

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015785

FILED VS MAY 1 1960

146

42-37

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ray town</u>		Length of stay in 1b <u>12 yrs</u>	c. CITY OR TOWN <u>Raytown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8322 Pershing Rd.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8322 Pershing Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Ellen</u> Last <u>Ebenhack</u>			4. DATE OF DEATH Month <u>1</u> Day <u>19</u> Year <u>60</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-4-1913</u>
9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Opp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Redman Plastic Co</u>	11. BIRTHPLACE (City and state or country) <u>Galhorne Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Hedrick Mason</u>	
13b. MOTHER'S MAIDEN NAME <u>Beulah Young</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Ebenhack</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-16-4465</u>	
17. INFORMANT <u>Mrs. Lydia Anderson</u>		Address <u>Independence Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>middle</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>9/19/60</u> to <u>9/19/60</u> and last saw her <u>him</u> alive on <u>9/19/60</u> . Death occurred at <u>8:05 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Sheila Zauder</u> (Degree or title)		22b. ADDRESS <u>4645 T road 4. c. Mo</u>	
22c. DATE SIGNED <u>4/20/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-21-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lees Summit Missouri</u>
24. FUNERAL DIRECTOR <u>Sheila Zauder</u> ADDRESS <u>1 Home K. C. Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-60</u>	26. REGISTRAR'S SIGNATURE <u>James A. [Signature]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Sheila Zauder

VS MAY 17 1960

**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 Thomas B. Smith

Licensed Embalmer No. 4454

P. O. Address S. C. 1722

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