

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0017948

DO NOT WRITE ON THIS STUB

AMENDED

FILED

Registration District No. 64

Primary Registration District No. 4024

Registrar's No. 44

STATE FILE NUMBER

VS 300
Rev. 4/59
1 0050
2 0030
3
4 0
5 2
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7 2
8 0
9 334x
10
11
12 81-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY: Berry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Berry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		Length of stay in 1b 1 1/2 Yrs.	c. CITY OR TOWN Seligman
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rowley Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Seligman
3. NAME OF DECEASED (Type or print) First Charles Middle Paul Last Ehlinger		4. DATE OF DEATH Month April Day 30 Year 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/1875
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Railroad Cook	11. BIRTHPLACE (City and state or country) Lyons France
12. CITIZEN OF WHAT COUNTRY U.S.A		14. NAME OF HUSBAND OR WIFE Margaret Sprinkles (Deceased)	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 197-10-4694	
17. INFORMANT Ruth Bowen Seligman Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined			INTERVAL BETWEEN ONSET AND DEATH Hydiphen death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility + cerebral arteriosclerosis			?
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Feb. 64 to Apr. 1964 and last saw her/him alive on Feb. 13, 1964 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) May Newman M.D.		22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 5/5/64
23a. BURIAL, CREMATION/REMOVAL (Specify) Burial	23b. DATE 5/2/1964	23c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	23d. LOCATION (City, town, or county) Seligman Missouri
24. FUNERAL DIRECTOR Sisco Funeral Home Pea Ridge Arkansas		25. DATE RECD. BY LOCAL REG. 5-15-64	26. REGISTRAR'S SIGNATURE Grace Williams

SEP 29 1964

Renewal permit obtained (pending)

4-30-64

D.W.

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 *Billy Sisco* _____

Licensed Embalmer No. 781

P. O. Address *Pea Ridge Ark*

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.