

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 330

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5132</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>110</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halls, Wayne Twsp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halls, Wayne Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>A.</u>		c. (Last) <u>EBLING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 25 1950</u>	
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-11-1873</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Halls, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John A. Ebling</u>		13b. MOTHER'S MAIDEN NAME <u>Armanda McCoy</u>		14. NAME OF HUSBAND OR WIFE <u>Allie L. Ebling (de)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marcella Tindle, Halls, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Friday</u> <u>331X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Jan 24, 1950</u> , to <u>Jan 25, 1950</u> , that I last saw the deceased alive on <u>Jan 24, 1950</u> , and that death occurred at <u>7:45 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Pounds MD</u>				23b. ADDRESS <u>Kerosa near Hwy</u>		23c. DATE SIGNED <u>Jan 27 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Armstrong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 30, 1950</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u> <u>382</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John S. ...</u>		ADDRESS <u>St. Joseph, Missouri</u>	

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 _____

Alvin E. Bagan

Student Embalmer No. *342*

working under my personal supervision.

Student *Alvin E. Bagan*
Student Embalmer

Signed *John E. Rupp*
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, Mo.*

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 this body is not embalmed, fact should be so stated above.