

FILED JUL 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20726

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3034		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) Higginsville Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Higginsville Mo. 0541			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) Mrs (Charles) Amanda Anna Ehler		a. (First)		b. (Middle)		c. (Last)	
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov-10-1873	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none-		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Hermann Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Henry Brandhorst		13b. MOTHER'S MAIDEN NAME Minnie Rethmeyer		14. NAME OF HUSBAND OR WIFE Charles Ehler, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milton H. Ehler Higginsville			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hrs. 2. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis, Hypertension 4201 Unknown			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-29, 1949, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 4:45 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. E. Brunninger M.D.				23b. ADDRESS Higginsville Mo.		23c. DATE SIGNED 6/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6-4-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) Corder Mo	
DATE REC'D BY LOCAL REG. June 7-1950		REGISTRAR'S SIGNATURE Clayton W. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE Alfred Hofer		ADDRESS Higginsville	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 20
District Health Officer No. 8,
District File Number
Date Filed 7-5-50

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

Forest P. Hooper, Student Embalmer No. 354
working under my personal supervision.

Student Forest P. Hooper
Student Embalmer

Signed Cefero H. Hooper
Licensed Embalmer No. 539
P. O. Address Higginsville

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.