

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23113

State File No.

No. 300
10-48

FILED AUG 15 1950

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Cooper (If outside corporate limits, write RURAL and give township) Rural, Clear Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant Rural 4000	
c. LENGTH OF STAY (If this place) 1 Month		d. STREET ADDRESS (If rural, give location) R. F. D. #2 Box 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dead on arrival			

3. NAME OF DECEASED (Type or Print)	a. (First) Paul	b. (Middle) Joseph	c. (Last) Ellebracht	4. DATE OF DEATH (Month) (Day) (Year) August 8 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. ---	8. DATE OF BIRTH August 25th 1944	9. AGE (In years last birthday) 5 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Harold Ellebracht	13b. MOTHER'S MAIDEN NAME Delores Litteken	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mathew Litteken	ADDRESS Pilot Grove, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed Chest & abdomen		
	DUE TO (c) Heavy farm scales falling across body		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pilot Grove Cooper Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 - 1950 8⁰⁰ a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heavy scales fell on chest
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred **Dead on arrival** on the _____, 19____.

22a. SIGNATURE D. L. DeGraegh, M.D.	(Degree or title)	23b. ADDRESS Carver Bronville Mo	23c. DATE SIGNED 8/9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 14 1950	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	24d. LOCATION (City, town, or county) (State) Florissant, Missouri.
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DATE REC'D BY LOCAL REG. 8-9-50	REGISTRAR'S SIGNATURE D. Hooper	381	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/14/5

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filled 8-14-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed

Walter E. Moyer

Signed _____
Student Embalmer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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.