

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34209

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>4349</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stover</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stover, Missouri. 8710</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>Stover, Missouri.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>EMMA</u>		<u>HENRIETTA</u>		<u>DOROTHEA</u>		<u>EHLERS</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Oct</u>		<u>9</u>		<u>1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH	
						<u>June 19, 1874</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		MONTHS		IF UNDER 24 HRS. Hours Min.	
<u>76</u>		<u>3/</u>		<u>20</u>		<u>0</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Carl Otte</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Roeber</u>		14. NAME OF HUSBAND OR WIFE <u>Conrad Ehlers</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Paul Ehlers. Stover, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Sclerosis</u>				<u>6 mo</u>	
		DUE TO (c) <u>Hypertension</u>				<u>20 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>40</u> , to <u>Oct 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 7</u> , 19 <u>50</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Washburn</u> (Degree or title)				23b. ADDRESS <u>Wesley Mo</u>		23c. DATE SIGNED <u>10/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 11, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12th 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. L. Ripperger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Levinson</u>		ADDRESS <u>Stover, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 10-16-57

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-16-57

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**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 .....  
Student Embalmer

Signed

*J. L. Stevenson*  
Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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