

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41841**

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. **293** PRIMARY REG. DIST. NO. **4443** Registrar's No. **623**

0880 4

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) Mealy St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mom Nursing home			

3. NAME OF DECEASED (Type or Print) Frederick	a. (First)	b. (Middle) -	c. (Last) Ebert	4. DATE OF DEATH (Month) (Day) (Year) 12 11 50
--	------------	----------------------	------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 2-13-1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 1 HR. Hours 1 Min.
--------------------	-------------------------------	---	-----------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? usa
--	---	---	---

13a. FATHER'S NAME Ernest Ebert	13b. MOTHER'S MARDEN NAME Grace Hansmann	14. NAME OF HUSBAND OR WIFE Ida May Ebert
--	---	--

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. ✓	17. INFORMANT'S SIGNATURE OR NAME Grace Rolling ADDRESS Salisbury MO
--	----------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH ??? 15-3X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Primary) of the Sigmoid Colon and Throat		
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
------------------------	----------------------------------	--

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 **Nov. 20** 19**50**, to **Dec. 11** 19**50**, that I last saw the deceased alive on **Dec. 11** 19**50**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George M. Eschman M.D. (Degree or title)	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 12/15/50
--	-------------------------------------	----------------------------------

24a. BURIAL/CREMATION REMOVAL (Specify) Burial	24b. DATE 12-14-50	24c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury Mo
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. 12-23-50	REGISTRAR'S SIGNATURE Mrs. B. G. Borchardt	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Blum ADDRESS Salisbury
--	---	--

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

DEC 27 1950

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2196
Date Filed: DEC 28 1950

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 *Chas B Wm Remeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury 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.