

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7458

FILED APR 9 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PUPA UNION</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARTON COMEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If usual, give location)	
3. NAME OF DECEASED a. (First) <u>ERNEST</u>		b. (Middle) <u>J.</u>	
c. (Last) <u>HABBEPPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB 15 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN HABBEPPER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE SONPSTINE</u>	
14. NAME OF HUSBAND OR WIFE <u>NAT MARRIED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Habbepper Sheldon Inc</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES (b) <u>Pulmonary embolism 1 1/2 wks</u> 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 <u>4/91X</u>	
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) m.		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>March 4, 1951</u> , to <u>March 26, 1951</u> , that I last saw the deceased alive on <u>March 25, 1951</u> , and that death occurred at <u>5:12.5 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.M. Arnold M.D.</u>		23b. ADDRESS <u>Lamar, Missouri</u>	
23c. DATE SIGNED <u>3-29-51</u>		24a. LOCATION (City, town, or county) (State) <u>Lamartown, Mo.</u>	
24b. DATE <u>MARCH 28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JAMES TOWN</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Koranick</u>	
DATE REC'D BY LOCAL REG. <u>3/29/51</u>		ADDRESS <u>S.P. Bernward Reed Sheldon Inc</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 2 1951

Dist. File 451-687

Date Filed 4-2-51

APR 26 1951

APR 27 1951

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 E. B. Bernard

Licensed Embalmer No. 4161

P. O. Address Shelton 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.