No. 300
10.48

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

REC'D DEC 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36665

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5272 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Polk
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #2, Billings

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Polk
d. STREET ADDRESS (If rural, give location): Rt. #2, Billings

3. NAME OF DECEASED (Type or Print): a. (First) Amalia b. (Middle) "Mollie" c. (Last) Guettinger

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Scott County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Fredrick Ebert
13b. MOTHER'S MAIDEN NAME: Caroline Knecht
14. NAME OF HUSBAND OR WIFE: Adolph Guettinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Eddie L. Ebert ADDRESS: Rt. #2, Billings 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cardiac Hypertrophy

DUE TO (c) Coronary sclerosis — 2 years

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 ☐ NO ☐

4201

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* _____ 1946, *to* Nov 6, 1951, *that I last saw the deceased alive on* Nov - 4, 1951, *and that death occurred at* 1025 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Coplin (Degree or title) M.D.
23b. ADDRESS: Aurora, Mo
23c. DATE SIGNED: 11-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 9-1951
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State): Billings, Missouri

DATE REC'D BY LOCAL REG.: 11-10-51
REGISTRAR'S SIGNATURE: Aline Dreier
25. FUNERAL DIRECTOR'S SIGNATURE: John Lear Harris ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 4 1951
Dist. File 12-51-3028
Date Filed 12-4-51

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.