

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41369

State File No. ....

FILED DEC 31 1951

BIRTH NO. .... REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 114

410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town <u>Rural Dallas Twp</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dallas Township 0410</u>	
c. LENGTH OF STAY (in this place) <u>Entire life</u>		d. STREET ADDRESS (If rural, give location) <u>5 1/2 mile North of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 1/2 mile North of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Jephrey</u> c. (Last) <u>Ebersole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1951</u>		
5. SEX <u>MO W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>May 21 1875</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

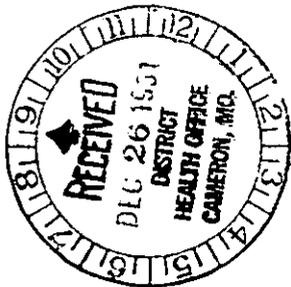
13a. FATHER'S NAME <u>Cornelius Ebersole</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ralph</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ebersole deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Omar Crane</u> ADDRESS <u>New Hampton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary Artery Left Arm. Cut</u>		INTERNAL OR EXTERNAL OR SET-AND-CLASH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Sharp instrument. Own Hand</u>			
		DUE TO (c) <u>Suicide.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>E977X</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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at home, from the cause and place and date stated above.

23a. SIGNATURE (Degree or title) <u>Robert R. Boeger, Coroner</u>		23b. ADDRESS <u>Redaway MO</u>		23c. DATE SIGNED <u>12-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loan Star</u>	
24d. LOCATION (City, town, or county) (State) <u>Gentry County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Noble &amp; son</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>12-19-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>			



**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W G Noble

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton, Md

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.