

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21180

FILED JUN 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>182</u>				
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY PETTIS		
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (in this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		1804				
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL				d. STREET ADDRESS (If rural, give location) 518 EAST 13TH STR.						
3. NAME OF DECEASED (Type or Print)		a. (First) OLIVE		b. (Middle) ANNA		c. (Last) EBERT		4. DATE OF DEATH (Month) (Day) (Year) June 11-1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 27TH 1868		9. AGE (In years last birthday) 84 <input type="checkbox"/> UNDER 1 YEAR 2 <input type="checkbox"/> UNDER 1 DAY 14 <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper.			10b. KIND OF BUSINESS OR INDUSTRY OWN Home.		11. BIRTHPLACE (State or foreign country) ROCKFIELD ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME AMBROS TURKATE			13b. MOTHER'S MAIDEN NAME FLORA WHEELER			14. NAME OF HUSBAND OR WIFE JOHN T 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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Wilferd Green					ADDRESS Monroe City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction						INTERVAL BETWEEN ONSET AND DEATH 7 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral embolism						1 day		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction, complete.						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? 5705						
22. I hereby certify that I attended the deceased from 6/5/52 , 19 ⁵² , to 6/11/52 , 19 ⁵² , that I last saw the deceased alive on 6/11/52 , 19 ⁵² , and that death occurred at 10:55 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE Ruby Lanning					23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED 6/13/52			
24a. BURIAL, CREMATION, REMOVAL BURIAL		24b. DATE JUNE 13 1952		24c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET		24d. LOCATION (City, town, or county) (State) HANNIBAL Missouri				
DATE REC'D BY LOCAL REG. 6/16/52		REGISTRAR'S SIGNATURE M. M. Locke			25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON					
					ADDRESS MONROE CITY MO					

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

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RECEIVED JUN 17 1952

MARION CO. HEALTH DEPT.

DATE FILED JUN 19 1952

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

working under my personal supervision.

Student Embalmer No.

Signed

Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.