

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23320**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **612** Registrar's No. **191**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo		c. LENGTH OF STAY (In this place) Final	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo	
		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) Noah b. (Middle) E. c. (Last) Ebersole			4. DATE OF DEATH (Month) (Day) (Year) June 19th 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 30 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sterling Illinois	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jacob R Ebersole		13b. MOTHER'S MAIDEN NAME Sarah Ebersole		14. NAME OF HUSBAND OR WIFE Mary Ebersole	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ebersole Birch Tree, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Lesion			
		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 410x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1949, to June, 1952, that I last saw the deceased alive on June, 1952, and that death occurred at 2:30am., from the causes and on the date stated above.

23a. SIGNATURE Stanley Barman (Degree or title) D.O.		23b. ADDRESS Mountain View		23c. DATE SIGNED 6-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21 1952		24c. NAME OF CEMETERY OR CREMATORY Berea Mennonite	
		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo			
DATE REC'D BY LOCAL REG. 6/28/52		REGISTRAR'S SIGNATURE Mabel Gallus		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo	

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

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FILED JUN 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe P. Duncan

Licensed Embalmer No. 4325

P. O. Address Yonkers, New York

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.