

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38203**

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>179</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u>		<u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mi. North Dutzow, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u>			b. (Middle) <u>Rose</u>		c. (Last) <u>Ehlenbeck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 9, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1 1872</u>		9. AGE (In years last birthday) <u>80</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Antone Ruether</u>			13b. MOTHER'S MAIDEN NAME <u>Bernadine Barlage</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Ehlenbeck</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rudolph Ehlenbeck, Marthasville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUPLICATE TO (b) <u>Chr Hypertension</u> DUPLICATE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>8 yr</u> <u>10 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>					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) (Min.)		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>Nov 28</u> , 19 <u>52</u> , to <u>Dec 9, 1952</u> , that I last saw the deceased alive on <u>Dec 8, 1952</u> , and that death occurred at <u>12:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. C. Johnson M.D.</u>				23b. ADDRESS <u>Marthasville Mo</u>		23c. DATE SIGNED <u>12/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincents Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dutzow, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 10, 1952</u>		REGISTRAR'S SIGNATURE <u>R. C. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharon P. Lichtenberg</u>		ADDRESS <u>Marthasville, Mo.</u>	

(Licensed Embalmer - Statement on Reverse Side)

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

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

Delmont F. Lichtenberg

Licensed Embalmer No. *4318*

P. O. Address *Marthaville, 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.