

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHNo. 39360
State File No.

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 246

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield
c. LENGTH OF STAY (If not place) 2 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 Linn St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Linn
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield
d. STREET ADDRESS (If rural, give location) 521 E. Sedgwick St

3. NAME OF DECEASED
a. (First) IDA
b. (Middle) _____
c. (Last) ELLENBERGER

4. DATE OF DEATH (Month) (Day) (Year) Dec-8-1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Mar-30-1872
9. AGE (In years last birthday) 80
10. UNDER 1 YEAR 8 MONTHS 8 DAYS
11. UNDER 1 HR. 8 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 (City and State or Foreign Country) Linn Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Martin L. Purdin
13b. MOTHER'S MAIDEN NAME Susan A. Bane
14. NAME OF HUSBAND OR WIFE Tom Ellenberger

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 Ruth Purdin ADDRESS Linn 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterial Sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 yrs
3 or 4 yrs

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) Brookfield Linn Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
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 Oct 31, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 10:42 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. H. Patten (Degree or title) _____
23b. ADDRESS Brookfield Mo
23c. DATE SIGNED 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-11-1952
24c. NAME OF CEMETERY OR CREMATORY Purdin Cem
24d. LOCATION (City, town, or county) (State) Purdin Mo

DATE REC'D BY LOCAL REG. 12-11-52
REGISTRAR'S SIGNATURE Nadine Stambach
25. FUNERAL DIRECTOR'S SIGNATURE W. Blacklock ADDRESS Brookfield Mo

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 *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Rockfield 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.