

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41975

State File No. ....

FILED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 4196 Registrar's No. 93

0380

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u> <u>0380</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iris</u> b. (Middle) <u>Deen</u> c. (Last) <u>Ebert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 12, 1928</u>		9. AGE (In years last birthday) <u>24</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u> IF UNDER 12 Hrs. 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		11. BIRTHPLACE (State or foreign country) <u>Darlington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Noah Hise</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Shoemaker</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Ebert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Ebert Darlington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-acute nephritis</u>		DUPLICATE OF (a) <u>rheumatic heart disease</u>			<u>4 mos ±</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) <u>a pregnancy</u>			<u>11 ±</u>	
DUPLICATE OF (c) <u>parturition</u>		DUPLICATE OF (d) <u>parturition Burk. ago</u>				
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			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 Dec 1 - 1952, to Dec 20, 1952; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank H. Rose M.D.</u>		23b. ADDRESS <u>Albany Mo.</u>		23c. DATE SIGNED <u>12-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rouse</u>	
24d. LOCATION (City, town, or county) (State) <u>Darlington Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Dec 22-52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leffert Brooks</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1958

JAN 31 1958  
1957

**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.

Student .....  
Student Embalmer

Signed Clifford Brink

Licensed Embalmer No. 3329

P. O. Address Albany 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.