

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5021**
Registrar's No. **86**

REC'D MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

01430

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 12 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		d. STREET ADDRESS (If rural, give location) R.F.D.# 3	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Randolph c. (Last) Ebersole		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-15-1877
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 2 Months 8 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) New Bloomfield, Mo
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jacob Randolph Ebersole	13b. MOTHER'S MAIDEN NAME Angeline Mirts	14. NAME OF HUSBAND OR WIFE Ada Betsy
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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 Miss Dixie Ebersole, Fulton, Mo R#3	ADDRESS R#3
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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		INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		20-25 yrs	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? _____

22. I hereby certify that I attended the deceased from **Dec 5, 1942**, to **Feb 23, 1953**, that I last saw the deceased alive on **Feb 23, 1953**, and that death occurred at **2:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd E. Hutchins, M.D.	23b. ADDRESS Fulton, Missouri	23c. DATE SIGNED 2/24/1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-25-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	24d. LOCATION (City, town, or county) (State) Rural Fulton MO
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DATE REC'D BY LOCAL REG. Feb 24-1953	REGISTRAR'S SIGNATURE Marett Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Halley Funeral Home	ADDRESS Fulton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1959

JAN 9 1959

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 William E. Fries

Licensed Embalmer No. 4870

P. O. Address Fulton 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.