

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11834**

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>66</b>	
1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		d. STREET ADDRESS (If rural, give location) <b>705 E. 8<sup>th</sup> Street.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright Memorial Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>705 E. 8<sup>th</sup> Street.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amelia</b> b. (Middle) <b>S.</b> c. (Last) <b>Ebbe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 11 1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>MAY 9 1881</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home maker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Packwaukee, Wis.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HERMAN Thalacker</b>		13b. MOTHER'S MAIDEN NAME <b>Christol Marie John</b>		14. NAME OF HUSBAND OR WIFE <b>C.C. Ebbe (dec)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Harold Ebbe Trenton, Mo</b>			
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) <b>Chronic Myocarditis 6 months</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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				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 _____, 1954, to _____, 1954, that I last saw the deceased alive on _____, 1954, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Chas F. Jeffrey</b>				23b. ADDRESS <b>Trenton, Mo</b>		23c. DATE SIGNED <b>April 13 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 13, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>K-P. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-13-54</b>		REGISTRAR'S SIGNATURE <b>Gene Zain</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gordon Stackmorr</b>		ADDRESS <b>Trenton, Mo</b>	

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**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 Harold L. Roberts

Licensed Embalmer No. 4920

P. O. Address Brenton, 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.