

FILED DEC 14 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 31143

Registrar's No. 43

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>			
b. CITY OR TOWN <u>Rural - N. Dillon</u>		c. LENGTH OF STAY (in this place) <u>6 wks.</u>		c. CITY OR TOWN <u>ST. JAMES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0810</u>			
3. NAME OF DECEASED (First) <u>Theodore</u>		b. (Middle) <u>N. Ebel</u>		c. (Last) <u>(EBel)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 19, 1891</u>	
9. AGE (in years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>2</u> Day <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		9. AGE (in years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore Ebel</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Kroden</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Veronica Ebel (sister) St. Louis, 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>Epidemioid carcinoma of the lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with bilateral cervical metastases</u> DUE TO (c) <u>and to the apex of left lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>about 7 1/2 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) <u></u>		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>Oct. 27, 1955</u> , to <u>Dec. 3, 1955</u> , that I last saw the deceased alive on <u>Nov. 27, 1955</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.V. Hammler, M.D.</u>				23b. ADDRESS <u>St. James</u>		23c. DATE SIGNED <u>12-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal + Burial</u>		24b. DATE <u>Dec. 6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5-1955</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Pawley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orval E. Liebler</u>		ADDRESS <u>St. James, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 279

Date Filed 12-13-55

JAN 27 1956

DEC 29 1955  
DEC 20 1955  
DEC 20 1955

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.....  
Signature of Student Embalmer

Signed Orell E. Lick.....

Licensed Embalmer No. 30  
P. O. Address St. Joe

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.