

FILED JAN 16 1956

STANDARD CERTIFICATE OF DEATH

2162

State File No.

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5849		Registrar's No. 45		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson twp		c. LENGTH OF STAY (in this place) 53 yrs		c. CITY OR TOWN Clyde Mo Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION N. E. Of Clyde 3miles				e. STREET ADDRESS (If rural, give location) Clyde Mo Rural 0740				
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Katherine Teresa Ellerman b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1956					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov 10 1869		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Christopher Bruns			13b. MOTHER'S MAIDEN NAME Catherine Schnitzius		14. NAME OF HUSBAND, OR WIFE Wm. H. Ellerman deceased			
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 ADDRESS Miss Anna Ellerman Stanberry Mo R3				
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) <i>Coronary artery disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension and arteriosclerosis</i> DUE TO (c) <i>unknown</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>					INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>					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)		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 <i>Dec-3</i> , 1955, to <i>Jan 10</i> , 1956, that I last saw the deceased alive on <i>December 1</i> , 1955, and that death occurred at <i>9:30 am</i> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Clara L. Carlson M.D.</i>				23b. ADDRESS <i>Stanberry, Mo</i>		23c. DATE SIGNED <i>1-11-56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 12 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Columba</i>		24d. LOCATION (City, town, or county) (State) <i>Conception, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>1-14-56</i>		REGISTRAR'S SIGNATURE <i>Reas Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leroy H. Phillips</i>		ADDRESS <i>Stanberry Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student-Embalmer

Signed.....
John G. Phillips

Licensed Embalmer No. 189

P. O. Address *St. Louis*

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.