

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 - 1956

 BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5093 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler Mo. RFD #4		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Butler		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 RFD #4 Butler-New Home Twp.			e. STREET ADDRESS (If rural, give location) RFD #4 Butler Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) Clifton b. (Middle) Ehart c. (Last) Ehart			4. DATE OF DEATH (Month) Mar (Day) 30 (Year) 56		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY general farmer		11. BIRTHPLACE (City and State or Foreign Country) Bates Co Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Ehart		13b. MOTHER'S MAIDEN NAME Linnie Barcken		14. NAME OF HUSBAND OR WIFE Grace Ehart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 519 22 3294	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Ehart-Butler Missouri		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 15 min. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left side heart failure 6 weeks DUE TO (c) Coronary occlusion 6 weeks 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 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) 4201			
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 Jan 14 1956 to March 26 1956 , that I last saw the deceased alive on March 16 1956 , and that death occurred at 7:30 AM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. S. Lathrop, M.D.			23b. ADDRESS Butler Missouri		23c. DATE SIGNED 3/31/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/2/56	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler Missouri		
DATE REC'D BY LOCAL REG. 4-7-56	REGISTRAR'S SIGNATURE Mrs. Edna Douglas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Guiver Underwood Butler Mo.		

(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 H. Anderson*.....
Licensed Embalmer No. 3585
P. O. Address..... Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.