

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9457**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>118</u>		
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 509 OZARK AVENUE <u>84950</u>				
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) REBECCA c. (Last) EBERT			4. DATE OF DEATH (Month) (Day) (Year) MAR. 13, 1956					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR. 2, 1874		
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) SENECA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALFRED FESTERMAN			13b. MOTHER'S MAIDEN NAME EMILY MOORE		14. NAME OF HUSBAND OR WIFE ANTON A. EBERT			
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANTON A. EBERT, 509 OZARK AVENUE			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum				INTERVAL BETWEEN ONSET AND DEATH 2 years
				ANTECEDENT CAUSES Morbid 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 3/11/56		19b. MAJOR FINDINGS OF OPERATION Biopsy of Rectal Pesion -> Adenocarcinoma 154X					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) (Min.)		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>3/11</u> , 19 <u>56</u> , to <u>3/13</u> , 19 <u>56</u> that I last saw the deceased alive on <u>3/12</u> , 19 <u>56</u> , and that death occurred at <u>12:30</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Bart F. Woodrige, MD.				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 3/14/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-15-56	24c. NAME OF CEMETERY OR CREMATORY SENECA CEMETERY		24d. LOCATION (City, town, or county) (State) SENECA, MISSOURI			
DATE REC'D BY LOCAL REG. 3-22-56		REGISTRAR'S SIGNATURE Dove Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 27 1956
Casper County Health Office

County File Number 56-3-2263

Date Filed MAR 27 1956

JAN 5 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.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.