

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31625**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 359					
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalite				c. LENGTH OF STAY (in this place) 25 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp Rural Base Williams					
d. FULL NAME OF HOSPITAL OR INSTITUTION Rothwell Hospital				d. STREET ADDRESS (If rural, give location) Rural							
3. NAME OF DECEASED (Type or Print) BERTHA			a. (First) Karoline		b. (Middle) EHLERS		c. (Last)				
4. DATE OF DEATH September 26, 1956			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed				
8. DATE OF BIRTH May 18, 1888			9. AGE (in years last birthday) 68		IF UNDER 1 YEAR 4 Months		IF UNDER 1 YEAR 8 Days				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Mora, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Adam Zimmerschied			13b. MOTHER'S MAIDEN NAME Margaret Traugott			14. NAME OF HUSBAND OR WIFE Gottfried Ehlers					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Emil Schumacher				ADDRESS Cole Camp, Mo.		
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) Shock						INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ventricular Fibrillation						12 hrs		
			DUE TO (c)								
			II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Perineal Resection						7 days		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION Adverse Circumstances of Resection						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) 154X			(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 July , 19 56 , to Sept 24 , 19 56 , that I last saw the deceased alive on Sept 26 , 19 56 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Thomas J. Hyland, M.D.					23b. ADDRESS Sedalite, Mo.			23c. DATE SIGNED 9/27/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-56		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Lutheran			24d. LOCATION (City, town, or county) (State) Cole Camp, Mo. Benton County, Mo.				
DATE REC'D BY LOCAL REG. 9-28-1956		REGISTRAR'S SIGNATURE Norma Coontz, Deputy			25. FUNERAL DIRECTOR'S SIGNATURE Charles S. Soy					ADDRESS Cole Camp, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

110

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 *Charles S. Fox*

Licensed Embalmer No. *4610*

P. O. Address *Cole Camp, T.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.