0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35150

State File No. .....

BIRTH NO. FILED NOV 1 - 1956 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY St Clair	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City c. LENGTH OF STAY (in this place) 1½ days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City 0980
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellett Memorial Hospital	d. STREET ADDRESS (If rural, give location) -------

3. NAME OF DECEASED (Type or Print)	a. (First) Benjamin	b. (Middle) F.	c. (Last) Ethridge	4. DATE OF DEATH (Month) (Day) (Year) Oct-21-1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar.-9-1874	9. AGE (In years last birthday) 82 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) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY (Retired)	11. BIRTHPLACE (State or foreign country) Tiffin, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas J. Ethridge	13b. MOTHER'S MAIDEN NAME Hanna H. Snyder	14. NAME OF HUSBAND OR WIFE Julia Ethridge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. ----------	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Ethridge, Appleton City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral arteriosclerosis	years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	years
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	19b. MAJOR FINDINGS OF OPERATION 334x	20. AUTOPSY? YES ☐ NO ☐
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 July, 1954, *to* 21 Oct, 1956, *that I last saw the deceased alive on* 21 Oct, 1956, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE A. H. Giesler, MD (Degree or title)	23b. ADDRESS Appleton City Mo	23c. DATE SIGNED 24 Oct 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct-24-1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24d. LOCATION (City, town, or county) (State) Taberville, Missouri
DATE REC'D BY LOCAL REG. Oct. 24 1956	REGISTRAR'S SIGNATURE Cleo Abney	25. FUNERAL DIRECTOR'S SIGNATURE Melvin L. Janssens	ADDRESS Appleton City

(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 .....
Student Embalmer

Signed Melvin L. Jansen

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.