

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008709

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 64 Primary Registration District No. 5246 Registrar's No. 16

300  
-57

Health,  
Welfare  
Public  
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

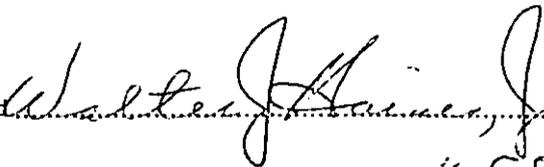
1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>MUSGEE FORK TOWNSHIP</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>MUSSEL FORK TOWNSHIP</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 MILES N.E. OF KEYTESVILLE, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>10 MILES N.E. OF KEYTESVILLE, MO.</b>	
3. NAME OF DECEASED (Type or print) First <b>DANIEL</b> Middle <b>(NONE)</b> Last <b>EHLERS</b>		4. DATE OF DEATH Month <b>MAR.</b> Day <b>17</b> Year <b>1959</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 9 1880</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9c. AGE (In years last birthday) <b>79</b> 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) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>WELCOME, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HENRY EHLERS</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH NEINKAMP</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>DK</b>	
17. INFORMANT <b>T.M. EHLERS</b>		Address <b>SLATER, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4.200</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic heart Disease</b>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>3-4-59</b> to _____ and last saw him alive on <b>3-4-59</b> Death occurred at <b>3-17-59 8:20 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Manitowish, MO</b>	
22c. DATE SIGNED <b>3-19-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MARCH 20 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LITTLE ROCK</b>	23d. LOCATION (City, town, or county) (State) <b>SALINE COUNTY, MO</b>
24. FUNERAL DIRECTOR <b>HAINES FUNERAL HOME, SLATER, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>3/20/59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

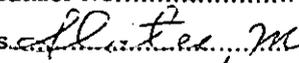
(Licensed Embelmer's Statement on Reverse Side)

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  .....

Licensed Embalmer No. 4557  
P. O. Address  .....

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.