

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001206

FILED VS FEB 15 1960 / 32

Registration District No. 32 Primary Registration District No. 3021 Registrar's No. 26

STATE FILE NUMBER

DEED

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| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton | | Length of stay in lb 35 yrs | c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION res | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1421 Cedar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First KLARA Middle HATTEBERG Last EBBE | | | 4. DATE OF DEATH Month Feb. Day 10, Year 1960 | | |
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| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/17/74 | 9. AGE (last birthday) 85/7/23 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Norway | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Knut K. Hatteberg | 13b. MOTHER'S MAIDEN NAME Jacobene Jacobsen | 14. NAME OF HUSBAND OR WIFE John J. Ebbe |
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| 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. none | 17. INFORMANT John Ebbe, 1421 Cedar, Trenton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (1), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Renal Disease | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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.) |
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| 20c. TIME OF INJURY Hour - a.m. - p.m. - Month, Day, Year | 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 |
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| 21. I attended the deceased from Jan 22 1960 to Feb 10 1960 and last saw her/him alive on Feb 9 1960 Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE Oliver F. DeLby (Degree or title) | 22b. ADDRESS Trenton, Mo. | 22c. DATE SIGNED Feb 10 1960 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Feb. 12, 1960 | 23c. NAME OF CHAPELRY OR CREMATORY Maple Grove Cem. | 23d. LOCATION (City, town, or county) Trenton, Mo. |
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| 24. FUNERAL DIRECTOR Gipson Funeral Home, Trenton, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. Feb 11-1960 | 26. REGISTRAR'S SIGNATURE Seene Fair |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hal Thourer

Licensed Embalmer No. 3408

P. O. Address Bx 95, Trent

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.