URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024026

FILED VS JUN 21 1960

Registration District No. 274 Primary Registration District No. 305V Registrar's No. 213 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bothwell Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 703 East 14th — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WALTER Middle C. Last EHLERS

4. DATE OF DEATH Month June Day 11, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Feb. 6, 1891

9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Coach Carpenter

10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. SHOPS

11. BIRTHPLACE (City and state or country) Mt. Hulda, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry C. Ehlers

13b. MOTHER'S MAIDEN NAME Martha Bergman

14. NAME OF HUSBAND OR WIFE Elizabeth Eckhoff Ehlers

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 Address Mrs. Elizabeth Ehlers - Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Occlusion c̄ Myocardial Infarction 12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C V Disease.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Congestive Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan 1945, to June 1960 and last saw him alive on 11 June 1960

Death occurred at 1:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P V Siegel MD

22b. ADDRESS Smithton MO

22c. DATE SIGNED 6/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 13, 1960

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) Sedalia, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Gillespie Funeral Home, D.W. Heckart-Sedalia, Mo.

25. DATE RECD. BY LOCAL REG. 6-13-1960

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

JUN 22 1980

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, M

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