

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037513

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in 1b 25yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Rt #8, (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Ethel Middle P. Last Ebling				4. DATE OF DEATH Month Oct. Day 21, Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 18, 1901		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Hallsville, Mo			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Alex Marshall				13b. MOTHER'S MAIDEN NAME Ermer				14. NAME OF HUSBAND OR WIFE Thomas J. Ebling					
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 Address Mrs. Ivan Conard, St. Joseph, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic cardia - DUE TO (c) Vascular renal disease										INTERVAL BETWEEN ONSET AND DEATH few hours ?			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour Month, Day, Year 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 8-21-59 to Oct. 21, 1960 and last saw her alive on 10-21-60 Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Wm B. Roach M.D.						22b. ADDRESS 316 No 10th St Joseph Mo			22c. DATE SIGNED 10-29-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/24/60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery				23d. LOCATION (City, town, or county) St. Joseph, Mo (State)					
24. FUNERAL DIRECTOR John E. Repp				ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Nov. 10, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell					

DOCUMENT

BY AFFIDAVIT OF Wm B. Roach M.D. MEDICAL CERTIFICATION

