

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016096

STATE FILE NUMBER

AMENDED

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 22

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY SALINE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS Length of stay in 1b 11 DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANGE REST HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY LAFAYETTE
 c. CITY OR TOWN CONCORDIA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1303 MAIN ST Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ARTHUR EHLERS MA 4 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH DEC 1 1887 9. AGE (last birthday) 73 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) FARMING 10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING 11. BIRTHPLACE (City and state or country) JOHNSON COUNTY, MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME D.H. EHLERS 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE LEONA EHLERS DECEASED

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. NO 17. INFORMANT ARTHUR EHLERS JR. Address CONCORDIA, 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) Melanotic Carcinoma INTERVAL BETWEEN ONSET AND DEATH 3 mos
 DUE TO (b) Carcinoma of Prostate 6 mos.
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 April 24 to May 4 and last saw ^{him} him alive on May 4, 1961
 Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Roberts, M.D. 22b. ADDRESS Sweet Springs, Mo. 22c. DATE SIGNED 5-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5/6/61 23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S 23d. LOCATION (City, town, or county) (State) ERNESTVILLE MO

24. FUNERAL DIRECTOR E.S. Jones ADDRESS Concordia, Mo 25. DATE RECD. BY LOCAL REG. May 6, 1961 26. REGISTRAR'S SIGNATURE Mary Masley

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo.

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.