

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020869

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4181 Registrar's No. 4

FILED JUN 30 1961

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berger		c. CITY OR TOWN Berger	
Length of stay in 1b 3 Yrs		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		d. STREET ADDRESS (If outside, give location) Main Street	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELDA Middle MARY Last HALL			4. DATE OF DEATH Month June Day 25 Year 1961		
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 Jan 7, 1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 5 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Steinhagen, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John D. Ellerbrake		13b. MOTHER'S MAIDEN NAME Anna Thee	
14. NAME OF HUSBAND OR WIFE Elmer Hall		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 Elmer Hall		Address Berger, 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) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Indefinite (years)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N/ <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.)
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 Berger COUNTY Franklin STATE Mo
21. I attended the deceased from Feb. 7, 1959 to June 25, 1961 and last saw her alive on June 25, 1961 Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE G. Utzfeld (Degree or title) D.O.	22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 6/27/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-28-1961	23c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cem	23d. LOCATION (City, town, or county) Berger (State) Mo
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24. GENERAL DIRECTOR Paul H. Blumer ADDRESS Berger, Mo	25. DATE RECD. BY LOCAL REG. 6-27-1961	26. REGISTRAR'S SIGNATURE Lawrence Krueger Deputy
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 ORVAL GRONER Student Embalmer No. 641

working under my personal supervision.

Student Orval Groner
Signature of Student Embalmer

Signed Herbert H. Blumenthal

Licensed Embalmer No. 3160

P. O. Address Herusalem N.

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.