

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028860

STATE FILE NUMBER

Registration District No. 119Primary Registration District No. 4193Registrar's No. 40

AMENDED

FILED AUG 31 1961

## 1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Hermann

Length of stay in lb

5 Yrs.

c. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1003 S. Market St.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Gasconade

c. CITY  
OR  
TOWN

Hermann

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1003 S. Market St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Lydia

Ebker

4. DATE  
OF  
DEATH

Month

Day

Year

Aug.

15.

1961

## 5. SEX

Female

## 6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-18-1884

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

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

Domestic

## 10b. KIND OF BUSINESS OR INDUSTRY

Housework

## 11. BIRTHPLACE (City and state or country)

Berger, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Henry Helmdendach

## 13b. MOTHER'S MAIDEN NAME

Katherine Dieterle

## 14. NAME OF HUSBAND OR WIFE

Phillip Ebker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No-

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Mrs

## Address

Wesley Noedel-Hermann, Missouri

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute cardiac failure

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Massive myocardial infarction

2 min.

## DUE TO (c)

Coronary arteriosclerosis

5 yrs

## 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☐ Unknown19. 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  
INJURYHour  
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

4/11/58

to 8/15/61

and last saw her

8/15/61

## Death occurred at

7:56 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Hermann, Mo.

## 22c. DATE SIGNED

8/16/61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 18, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

## 23d. LOCATION (City, town, or county)

Berger, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Herman Blumer, Inc.-Hermann, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-17-61

## 26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Hermann 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.