

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031665

STATE FILE NUMBER

AMENDED

Registration District No. 366 Primary Registration District No. \_\_\_\_\_ Registrar's No. 40

FILED AUG 16 1961

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Wash.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belgrade</b>		c. CITY OR TOWN <b>Belgrade</b>	
Length of stay in 1b <b>4 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>16 miles SW Potosi, Mo</b>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
Inside Limits Yes <input 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 <b>Aloysius</b> Middle <b>C.</b> Last <b>Ellebracht</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>5,</b> Year <b>1961</b>			
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-23-1891</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Movie Projectionist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Theater</b>	11. BIRTHPLACE (City and state or country) <b>Florissant, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Arnold Ellebracht</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Kukuck</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Ellebracht</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT Address <b>Alice Ellebracht, Belgrade, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH ONLY CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>
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) <b>apoplexy about 3 yrs ago</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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 COUNTY STATE
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21. I attended the deceased from <b>June 1-1958</b> to <b>Aug 5-1961</b> and last saw him alive on <b>Aug 3-1961</b> . Death occurred at <b>712 Mason</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Name or title) <b>Joseph L. J. Luman M.D.</b>	22b. ADDRESS <b>Potosi, Mo</b>	22c. DATE SIGNED <b>8-7-1961</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-8-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Caledonia, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Caledonia, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>SPARKS Potosi, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>8/19/61</b>	26. REGISTRAR'S SIGNATURE <b>Robert Erdall</b>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

AUG 17 1961

SEP 6 1961

**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 *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

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.