

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-045976
STATE FILE NUMBER

AMENDED

Registration District No. 3060 Registrar's No. 485
FILED DEC 19 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST FRANCOIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO.		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EASTER HOME OF RUTH			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUDY Middle EBRECHT Last				4. DATE OF DEATH Month DEC. Day 8 Year 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/18/83	9. AGE (last birthday) 78	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) FARMINGTON MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME HENRY WELTY	13b. MOTHER'S MAIDEN NAME MARGARET MARTIN	14. NAME OF HUSBAND OR WIFE STERLING D EBRECHT	
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.	17. INFORMANT MRS EDWIN BEST FARMINGTON MO.	Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE				30 min			
DUE TO (b) CORONARY thrombosis + myocardial infarction				30 min			
DUE TO (c) ARTERIO SCLEROSIS				many yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSION				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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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		
21. I attended the deceased from 1955 to Dec 8, 1961 and last saw her ^{her} alive on Dec 6, 1961 . Death occurred at 3:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. E. G. [Signature]				22b. ADDRESS Farmington Mo.		22c. DATE SIGNED 12-11-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/11/61	23c. NAME OF CEMETERY OR CREMATORY COPENHAGEN CEMETERY	23d. LOCATION (City, town, or county) FARMINGTON MO.	(State)			
24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO.			ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 11, 1961	26. REGISTRAR'S SIGNATURE Eather Rudloff		

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 _____

C. H. Cozeman
4084

Licensed Embalmer No. _____

P. O. Address _____

Farrington

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.