

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11666

State File No.

| | | | | | | | |
|---|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>3023</u> | | Registrar's No. <u>59</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | | c. LENGTH OF STAY (in this place) <u>4 hrs.</u> | | c. CITY OR TOWN <u>Clinton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>214 North Second</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> | | b. (Middle) <u>B</u> | | c. (Last) <u>LINGLE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1955</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June 14, 1889</u> | |
| 9. AGE (In years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> | | IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Paris Home Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Real Business</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>J. B. Brosius</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Eppie Brosius</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>493-22-4281</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. T.H. Windsor Kansas City Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis & myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>55</u> , to <u>5-6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>55</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Mrs. J. W. et al. DO</u> | | | | 23b. ADDRESS <u>105 E Ohio; Clinton</u> | | 23c. DATE SIGNED <u>5-6-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/9/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-9-55</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Schaefer</u> | | ADDRESS <u>Clinton Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 1954

MAY 2 1954

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 F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

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.