

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027627

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 8

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
0510  
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

**1. FILED AUG 6 1962**

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Twn. Length of stay in lb 59 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1- Windsor Inside Limits Yes  No

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

a. STATE Mo b. COUNTY Johnson

c. CITY OR TOWN Windsor, Rt 1 Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Jefferson Twn. 7 miles NW of Windsor Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Ellen Budgett Ebersole

4. DATE OF DEATH Month Day Year July 27 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4-3-1868 9. AGE (last birthday) 94 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Toledo, Iowa 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Charles Budgett 13b. MOTHER'S MAIDEN NAME Margaret Cooper 14. NAME OF HUSBAND OR WIFE Edward Ebersole

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 Ethel Stiles, Windsor Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Arteriosclerosis Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3-5 min 4-5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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  Unknown

19. 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 INJURY Hour Month, Day, Year a.m. p.m.

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 Aug. 5, 1956 to July 27-62 and last saw her alive on July 27-62 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) Claude M. Thurber MD 22b. ADDRESS Windsor, Mo 22c. DATE SIGNED 7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-29-62 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR Ellis M. Huston, Windsor, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 8-3-62 26. REGISTRAR'S SIGNATURE J. J. Cook

USE BLACK INK OR TYPEWRITER RIBBON

**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 Ellie Husted

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.