

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25703**

FILED JUL 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **5796** Registrar's No. **30**

680

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

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Walker</b>	c. LENGTH OF STAY (In this place) <b>1 1/2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Walker 680</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 mi. n.w. of California</b>		d. STREET ADDRESS (If rural, give location) <b>5 mi. n.w. of California 0</b>	

3. NAME OF DECEASED (Type or Print) <b>SUSAN ERNST</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>July 16 1953</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Jan 1, 1886</b>	9. AGE (In years last birthday) <b>67</b>	10. MONTHS <b>6</b>	11. DAYS <b>13</b>	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charley Hill</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie (not known)</b>	14. NAME OF HUSBAND OR WIFE <b>John F. Ernst</b>
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15. WAS DECEASED BYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hattie Baker</b>	ADDRESS <b>California, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Walker Twp Moniteau Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Aug 2, 1951**, to **July 16, 1953**, that I last saw the deceased alive on **July 15, 1953**, and that death occurred at **11:10 a. m.** from the causes and on the date stated above.

23a. SIGNATURE <b>K. J. Owens</b>	(Degree or title)	23b. ADDRESS <b>California Mo</b>	23c. DATE SIGNED <b>7/18/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>rural</b>	24b. DATE <b>7-19-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical</b>	24d. LOCATION (City, town, or county) (State) <b>California Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/20/53</b>	REGISTRAR'S SIGNATURE <b>H. L. Popenay</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. E. Wilson</b>	ADDRESS <b>California Mo.</b>
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JUL 27 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 .....  
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Me.

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 this body is not embalmed, fact should be so stated above.