

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41752**

BIRTH NO. _____		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>3046</b>		Registrar's No. <b>28</b>		
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>California</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California</b>		<b>0681</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lathan Sanitarium</b>				d. STREET ADDRESS (If rural, give location) <b>601 Roacher</b>				
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>			a. (First) <b>S</b>		b. (Middle) <b>BILLA</b>		c. (Last) <b>ELLERBECK</b>	
4. DATE OF DEATH		(Month) <b>Dec</b>		(Day) <b>9</b>		(Year) <b>1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>June 10, 1875</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR <b>5</b> Months <b>29</b> Days		IF UNDER 1 HR. <b>0</b> Hours <b>0</b> 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>Moniteau Co. Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Henry B. Hasemeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Linetta Kusgen</b>		14. NAME OF HUSBAND OR WIFE <b>August Ellerbeck</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Martha Hasemeyer</b> ADDRESS <b>California, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., 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) (Min.)		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 <b>Dec 6, 1954</b> , to <b>Dec 9, 1954</b> , that I last saw the deceased alive on <b>Dec 9, 1954</b> , and that death occurred at <b>10<sup>30</sup> P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Kennyon Latham M.D.</b>				23b. ADDRESS <b>California, Mo.</b>		23c. DATE SIGNED <b>12-10-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Dec 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Evangelical</b>		24d. LOCATION (City, town, or county) (State) <b>California, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>12/14/54</b>		REGISTRAR'S SIGNATURE <b>N. L. Papey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. E. Wilson</b>		ADDRESS <b>California, Mo.</b>		

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

0681

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