

FILED JUL 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0029429

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 39

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Lashley Monroe Ernst</u>		2. <u>Male</u>	3. <u>July 23 1968</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>	5a. <u>67</u> 5b. <u>Yes</u>	6. <u>Jan 30 1901</u>	7a. <u>Moniteau</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. <u>California, Mo</u>		7c. <u>Latham Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>	9. <u>U.S.A.</u>	10. <u>Married</u>	11. <u>Selma (Andres) Ernst</u>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. <u>496-40-9321</u>	13a. <u>Farming Retired</u>	13b. <u>Own Farm</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. <u>Missouri</u>	14b. <u>Moniteau</u>	14c. <u>California, Mo</u>	14d. <u>204 Versailles Ave</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>John Ernst</u>		16. <u>Susan Hill</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>Selma Ernst</u>		17b. <u>California, Mo 204 Versailles -65018</u>	
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Arteriosclerotic Heart Disease</u>		<u>1+ yrs</u>	
(b) <u>Coronary Artery Disease</u>		<u>1+ yrs</u>	
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), OR (c)		AUTOPSY (YES OR NO)	
<u>Gastric Ulcer</u>		19a. <u>No</u>	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19b. <u>No</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a.	21b.	21c.	21d.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. <u>8-9-67</u>	21b. <u>7-23-68</u>	21c. <u>7 23 68</u>	21d. <u>Yes</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
22a. <u>8-9-67</u>		22b. <u>7-23-68</u>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>R. B. J. J. J.</u>		23b. <u>R. B. J. J. J.</u>	23c. <u>7-25-68</u>
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
23d. <u>516 N. East St</u>		23e. <u>California</u>	23f. <u>Mo. 65018</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
24a. <u>Burial</u>	24b. <u>Evangelical Cemetery</u>	24c. <u>California, Mo</u>	24d. <u>Mo</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	FUNERAL DIRECTOR—SIGNATURE	
24a. <u>7/25/68</u>	24b. <u>Bowlin Funeral Home-100 S Oak California, Mo-65018</u>	24c. <u>Jack H. Bowlin</u>	
REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Florence H. Kelly</u>		25b. <u>July 26-1968</u>	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 Jack H. Bowlin

Licensed Embalmer No. 4933

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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