

No. 300  
10. 48

FILED JAN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41258

Registrar's No. 96

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796	
1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mc Girk</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Mc Girk</i> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>0680</i>	
3. NAME OF DECEASED (Type or Print) <i>OTTO</i>		a. (First) <i>OTTO</i> b. (Middle) <i>WM</i> c. (Last) <i>ERNST</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 25 1954</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Mar 19 - 1891</i>		9. AGE (In years last birthday) <i>63</i>		10. IF UNDER 1 YEAR: Months <i>9</i> Days <i>10</i> Hours <i>10</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming &amp; Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Cooper County Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Henry E. Ernst</i>		13b. MOTHER'S MAIDEN NAME <i>Pauline Ketcher</i>	
14. NAME OF HUSBAND OR WIFE <i>Tracy Reichel</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>1st World War</i>		16. SOCIAL SECURITY NO. <i>499-24-3005</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mr. John Ernst</i>		18. ADDRESS <i>California Mo.</i>		19. MEDICAL CERTIFICATION	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>	
ANTECEDENT CAUSES		DUE TO (b)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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) m.		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 <i>Dec 29 1954</i> , to <i>Dec 29 1954</i> , that I last saw the deceased alive on <i>Dec 29 1954</i> , and that death occurred at <i>6 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>D. D. Bauer</i>		(Deceased or title)		23b. ADDRESS <i>California Mo</i>	
23c. DATE SIGNED <i>1/3/55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 1 - 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Salmon Evangelical Church</i>		24d. LOCATION (City, town, or county) (State) <i>California Mo Rural Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E. Williams</i>	
25. ADDRESS <i>California Mo</i>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Helen L. Popejoy</i>		501	
Jan 1 - 1955		501			

(Licensed Embalmer's Statement on Reverse Side)

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

1981 JUN 10 1981

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.....  
*Hugh E. Sullivan*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.