

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1949

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>FRANKLIN</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		d. STREET ADDRESS		(If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Allen</u>		b. (Middle)		c. (Last) <u>Eoff.</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 7, 1876</u>		9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Long Time</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Louis Eoff</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Korte</u>		14. NAME OF HUSBAND OR WIFE <u>XXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Eoff</u>		ADDRESS <u>Sullivan, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				<u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid 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 <u>002</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Feb</u> , 1949, to <u>3-17</u> , 1949, that I last saw the deceased alive on <u>3-10</u> , 1949, and that death occurred at <u>10 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Practor</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>3/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 19, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-49</u>		REGISTRAR'S SIGNATURE <u>Ed Practor</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos P. Shaffer</u> ADDRESS <u>Sullivan, Mo.</u>			

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

3165

RECEIVED

District Health Officer No. 9,

District File Number

MAR 22 1949

Date Filed

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 Edgar W. Sullivan  
Licensed Embalmer No. 3394

P. O. Address Sullivan 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.