

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12154

BIRTH NO. 49-028004 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 110

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Wetzel Hospital's</u>	
3. NAME OF DECEASED a. (First) <u>none</u> b. (Middle) <u>none</u> c. (Last) <u>Jackie Eli</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 5 - 1949</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years last birthday) <u>—</u> if under 1 Year <u>—</u> Months <u>—</u> Days <u>16</u> if under 12 Hrs. <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTH PLACE (State or foreign country) <u>Clinton Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Legitimate</u>	
13b. MOTHER'S MAIDEN NAME <u>Joann Eli</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E A Dobb</u>		ADDRESS <u>Clinton Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Non-viable.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth</u> 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 <u>—</u>		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) _____		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>delivered</u> , 19 <u>49</u> to <u>5/5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/5</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R. J. Howell D.O.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>5/5/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 6 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englemund Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkerson</u>	
DATE REC'D BY LOCAL REG. <u>5-5-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>Clinton Mo.</u>	

RECEIVED

District Health Officer No. 7;

District File Number 4-49-514

Date Filed 5-9-49

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 \_\_\_\_\_

This body was not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Francis Lee Schuler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

4513

P. O. Address \_\_\_\_\_

Clinton MD

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.