

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26256

Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5151

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Caldwell	
b. CITY OR TOWN Rural Kidder		c. CITY OR TOWN Rural Kidder	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 miles NE of Cameron		d. STREET ADDRESS (If rural, give location) 5 1/2 miles NE Cameron	

3. NAME OF DECEASED (Type or Print) a. (First) Eli	b. (Middle) Emanuel	c. (Last) Entrikin	4. DATE OF DEATH (Month) (Day) (Year) 8 6 '49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 20 - 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Caldwell Co Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME E B. Entrikin	13b. MOTHER'S MAIDEN NAME Anna M. King	14. NAME OF HUSBAND OR WIFE Elizabeth Entrikin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 72	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbur Entrikin Cameron
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Common occlusion		INTERVAL BETWEEN ONSET AND DEATH 15 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 6-15-49, to 8-6-49, 19, that I last saw the deceased alive on 7-1-49, 19, and that death occurred at Harry, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wilbur Entrikin	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 8-7-49
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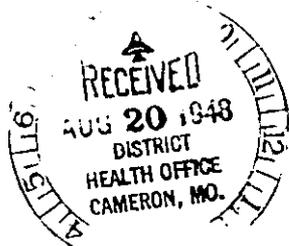
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Cameron
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DATE REC'D BY LOCAL REG. Aug 13/49	REGISTRAR'S SIGNATURE Gladys Jones 37	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home Cameron
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
-10.48



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.

Signed.....
Student Embalmer

Signed *George J. Hammond*

Licensed Embalmer No. *4425*

P. O. Address *224 West 4th*
Cameron, 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.