

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **28963**

FILED SEP 3 1949

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 6 OR 7 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		97	
d. FULL NAME OF HOSPITAL OR INSTITUTION 453 South Lyon				d. STREET ADDRESS (If rural, give location) 453 South Lyon			
3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle) Meta		c. (Last) Eilers		4. DATE OF DEATH (Month) (Day) (Year) Aug. 20th, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH March 13, 1902	
9. AGE (In years last birthday) 47		10. MONTH 5		11. DAY 7		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Arrow Rock, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman H. Eilers		13b. MOTHER'S MAIDEN NAME Mary C. Bierbaum		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-26-2419		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Walter Chevalier, Malta Bend, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Has had head ache since injury 15 years ago Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Has had to use red staves since DUE TO (c) Basal fracture 15 years ago in car wreck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 43 IX	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES ☐ NO ☒			
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) X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from Aug. 20 , 19 49 , that I last saw the deceased alive on 19 , and that death occurred at 3 a. m., from the causes and on the date stated above.							
23a. SIGNATURE C. L. Lawler		3 (Degree or title) Coroner		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 8-21-49	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri.	
DATE REC'D BY LOCAL REG. Aug 21-1949		REGISTRAR'S SIGNATURE Sidney T Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Sewis Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

BU Rev. Campbell

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

RECEIVED AUG 29

District Health Officer No. 8,

District File Number.....

Date Filed 9-1-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

RW Campbell Jr.

Licensed Embalmer No. 3468

P. O. Address Marshall 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.