

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29147

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>281</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greencastle, Mo. R. F. D. 0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital 0</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. 1</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Phil</u>	b. (Middle) <u>Ellis</u>	c. (Last) <u>Eitel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH <u>May 8, 1934</u>		
9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo. 0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>								
13a. FATHER'S NAME <u>Phil Eitel</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Frances Terrell</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phil Eitel, Greencastle, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polioencephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8/31/49</u> <u>0800</u>	
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 <u>8/31</u> , 19 <u>49</u> , to <u>9/11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/11</u> , 19 <u>49</u> , and that death occurred at <u>6:28 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm C. Clure, D.O.</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>9/11/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ringo Point</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-14-49</u>		REGISTRAR'S SIGNATURE <u>W. L. Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm R. Riley, Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1948

RECEIVED

District Health Officer No. 10

District File Number 9-49-163

Date Filed SEP 19 1948

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ray H. Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.

Embalm'd etc