

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34060

State File No. _____

FILED OCT 27 1950

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 391

0581

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>324 W Booker St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Garrett NICKLOUS EILERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 1 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar. 7 1873</u>		9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	
IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>furniture</u>	
11. BIRTHPLACE (State or foreign country) <u>Beardstown Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Thomas Eilert</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Eilert</u>	
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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>486-05-8801</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hallie Eilert: Marceline Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonitis</u>			<u>12 da</u>
		DUE TO (c) <u>cerebral vascular accident</u>			<u>13 da</u>
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Sept. 19, 1950, to Oct. 1, 1950, that I last saw the deceased alive on Oct 1, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>10/2/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 2-1950</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Ottman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James McLaughlin Marceline Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1770
Date Filed: OCT 26 1950

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 Francis L. Schenberg

Licensed Embalmer No. 4573

P. O. Address Mualine 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.