No. 300
10-48

FILED JAN 12 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43298

BIRTH NO. _____ REG. DIST. NO. 4485 PRIMARY REG. DIST. NO. 6112 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kelso Twp
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/2 Mi N of Fornfelt, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kelso Twp.
d. STREET ADDRESS (If rural, give location) 1/2 Mile North of Fornfelt

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) FERDINAND AUGUST c. (Last) EIFERT

4. DATE OF DEATH (Month) DEC (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH OCT 14 1875
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

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) FORNFELT, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME DAVID EIFERT
13b. MOTHER'S MAIDEN NAME SOPHIA KETTLER
14. NAME OF HUSBAND OR WIFE PAULINE WILL EIFERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Pauline Eifert Rte 1 ADDRESS Illmo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	2 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertention	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 21, 1950, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Illmo, Mo
23c. DATE SIGNED 12-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Dec 26, 1950
24c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY
24d. LOCATION (City, town, or county) (State) ILLMO, MISSOURI

DATE REC'D BY LOCAL REG. 12-26-50
REGISTRAR'S SIGNATURE [signature] 300 1
25. FUNERAL DIRECTOR'S SIGNATURE Bispling hoff Funeral Home ADDRESS Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-13

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 Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.