

FILED MAY 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11973

BIRTH NO. _____ REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 3016 Registrar's No. 112

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. # 3 JEFFERSON CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 0260 LIBERTY TOWNSHIP	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) BERNARD	c. (Last) EIKEN	4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1951
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5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 6, 1869	9. AGE (In years last birthday) 82	If under 1 year: Months 3 Days 20	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		11. BIRTHPLACE (State or foreign country) TAOS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EIKE EIKEN	13b. MOTHER'S MAIDEN NAME FRAUNKNOWNERS	14. NAME OF HUSBAND OR WIFE FRANCIS ACKERS
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Bernard Eiken ADDRESS TAOS, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 331x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 April 3, 1951 to April 19, 1951, that I last saw the deceased alive on April 16, 1951, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Dean A. Saylor M.D. (Degree or title)	23b. ADDRESS JEFFERSON CITY, MO.	23c. DATE SIGNED 4-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 30, 1951	24c. NAME OF CEMETERY OR CREMATORY ST. FRANCES XAVIER	24d. LOCATION (City, town, or county) (State) TAOS, MO.
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DATE REC'D BY LOCAL REG. April 28-1951	REGISTRAR'S SIGNATURE R.P. Davis MD-DR.	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulla ADDRESS J. C. MO.
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RECEIVED 5-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-1-51 _____

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 _____

Robert A. Della

Signed _____
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.