

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

State File No. 13145
Registrar's No. 42

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>397</u>		PRIMARY REG. DIST. NO. <u>5749</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write BURL and give township) OR TOWN <u>Rural Mt. Pleasant</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>		c. CITY (If outside corporate limits, write BURL and give township) OR TOWN <u>Rural Mt. Pleasant</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles north west of P.C.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>LEE</u> c. (Last) <u>EOFF</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1951</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 12, 1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Orick</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Alexander H. Eoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Alexander H. Eoff, P.O. Box 443, Mt. Pleasant, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unemid</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Hypertension + arteriosclerosis</u>							
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"/>			
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) <u>443 x</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>April 16, 1951</u> , to <u>May 1, 1951</u> , that I last saw the deceased alive on <u>May 1, 1951</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, MD</u>				23b. ADDRESS <u>Pierce City, Mo</u>		23c. DATE SIGNED <u>May 2, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>	
DATE RECD BY LOCAL REG. <u>5-3-51</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Novotny</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willis Broz</u>		ADDRESS <u>Pierce City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0550

S. No. 300
V. 10-48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 8 1951

Dist. File: 2537-9428

Date Filed: 5-8-51

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 _____

Edwin P. Wilke

working under my personal supervision.

Student Embalmer No.

Signed Edwin P. Wilke

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Perse 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.