

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5255 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Chariton</u> <u>0210</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) OR TOWN <u>Clark Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0581</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Marceline</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>O'CONNOR</u> c. (Last) <u>EILERTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr 8 1930</u>	9. AGE (In years last birthday) <u>21</u> Months <u>4</u> Days <u>23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Langdon New Mexico</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Langdon New Mexico</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harrold M. Eilert</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Kunkler</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. T. Hoover, Felede, Mo</u>	ADDRESS <u>Felede, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull crushed over left eye</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> 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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #5</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark Twp. Chariton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 1 - 1951 3:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. D. Stewart, Coroner of Chariton County</u>	23b. ADDRESS <u>Kaytesville Mo</u>	23c. DATE SIGNED <u>Sept 1st 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 5-51</u>	REGISTRAR'S SIGNATURE <u>MAUD WRIGHT</u> <u>456</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home</u> ADDRESS <u>Felede Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1961

Date Received: SEP 7 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-15'86  
Date Filed: SEP 7 1961

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.....  
Student Embalmer

Signed W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede 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.