No. 300
10-48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9049

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 34

610
4

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

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Macon~~ RURAL · Hudson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Macon.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata 0610
d. STREET ADDRESS (If rural, give location): 6

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Eller

4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1952

5. SEX: M. 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 1-8-1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 2, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Macon Co. 0
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew Eller
13b. MOTHER'S MAIDEN NAME: Martha Wright
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: not
17. INFORMANT'S SIGNATURE OR NAME: Wm. F. Allen. — ADDRESS: La Plata 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 6 mos
DUE TO (c) Unknown — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis
Urinary Tract infection — 6 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4221
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* 10/10/, 1951, *to* 3/15/, 1952 *that I last saw the deceased alive on* 3/12/, 1952 *and that death occurred at* 6 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. L. Durden D.O.
23b. ADDRESS: Macon
23c. DATE SIGNED: 3/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-17-1952
24c. NAME OF CEMETERY OR CREMATORY: La Plata
24d. LOCATION (City, town, or county): La Plata (State): Mo

DATE REC'D BY LOCAL REG.: 3/26/52
REGISTRAR'S SIGNATURE: Ruth McNeely 183
25. FUNERAL DIRECTOR'S SIGNATURE: D. S. Christie — ADDRESS: La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.52.65
Date Filed 4.5.52

4.4.52

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.