

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9139**

S. No. 300
v. 10.48

Dr. H. Shively
FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5780** Registrar's No. **11**

5660
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ETTERVILLE, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ETTERVILLE	
c. LENGTH OF STAY (In this place) 2 YRS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) EIKEN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 18, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 8, 1971
9. AGE (In years) 80 if UNDER 1 YEAR Months 3 Days 20 if UNDER 2 WKS. Hours Min.		11. BIRTHPLACE (State or foreign country) TAOS, MO.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME IKE EIKEN		13b. MOTHER'S MAIDEN NAME ADELINE WOLKEN	
14. NAME OF HUSBAND OR WIFE ANNA HELEN WEKENBORG		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 Osca Eiken ADDRESS J. C. MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angitis Obliterans (Scurvina form) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 456X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 15, 1951 , to Feb 18, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P. from the causes and on the date stated above.	
23a. SIGNATURE Dr. H. Shively, M.D. (Degree or title) 0		23b. ADDRESS Cassius Mo.	
23c. DATE SIGNED 2/21/52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE FEB. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	
24d. LOCATION (City, town, or county) (State) ELDON, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Shull ADDRESS J. C. MO.	
DATE REC'D BY LOCAL REG. Feb. 21, 1952		REGISTRAR'S SIGNATURE Alvarretta Walt 192-1	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 18 1952

MILLEN COUNTY HEALTH
DEPARTMENT

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 _____

Sylvester Dulle

Licensed Embalmer No. 43217

P. O. Address Jefferson Office

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.