

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16050

State File No.

FILED JUN 4 1952

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u> c. LENGTH OF STAY (In this place) <u>51 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bay, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>Bay, Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Eitmann</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 1952</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 17, 1868</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Morrison, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Henry Eitmann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Johanna Meyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rebecka Buschman Eitmann</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Eitmann Bay, Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign prostatic hypertrophy</u> | | DUPLICATE | | | <u>5 yrs</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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. <u>Arterial Thrombosis left leg</u> | | | <u>7 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>610x</u> | | | 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) _____ | |
| 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 7-26, 1951, to 1-5, 1952, that I last saw the deceased alive on 1-4, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Cecil T. Shaw, M.D.</u> | | 23b. ADDRESS <u>Hermann, Mo.</u> | | 23c. DATE SIGNED <u>1-7-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-8-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Ev. Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bay, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>1/7/52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard B. H. White OWENSVILLE Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Myself H N Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.