

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21453

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>One Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		<u>0812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co., Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>305 West 9th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u>		b. (Middle) <u>M.</u>		c. (Last) <u>EYLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>24 June 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>15 Dec. 1866</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper &amp; Job Printing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co., Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Eyer</u>		13b. MOTHER'S MAIDEN NAME <u>Selina Study</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Schooler Eyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Eyer, 305 W. 9th. Rolla 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal, Inappetite</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of l. hip.</u> Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. <u>Senility</u> DUE TO (c) <u>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 <u>E9030</u> <u>20</u>				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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo</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? <u>fell on floor</u>					
22. I hereby certify that I attended the deceased from <u>6-18, 1952</u> to <u>6-24, 1952</u> , that I last saw the deceased alive on <u>6-23, 1952</u> , and that death occurred at <u>1:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>[Signature]</u>				23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>6-24</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 June 1952</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>June 25, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Rolla Mo</u>			

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

0812

0812

JUL 3 1952

Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 6-30-52

JUL 3 1952

**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 Salvage E. Brown

Licensed Embalmer No. 4794

P. O. Address Rolla 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.