

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35794

State File No. ....

FILED OCT 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4363 Registrar's No. 21

0730

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Eller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23 52</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>Sept. 15 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	9. AGE (in years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 11 HRS. Days <u>8</u> Hours <u>8</u> Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Allen Eller</u>		13b. MOTHER'S MAIDEN NAME <u>Narcissus Whitley</u>	
14. NAME OF HUSBAND OR WIFE <u>Ursula Eller</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)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ursula Eller</u> ADDRESS <u>Fairview, 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>Myocardial decomposition</u> ANTECEDENT CAUSES DUE TO (b) <u>Hemiplegia</u> DUE TO (c) <u>Arteriosclerosis-Hypertension</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>334X</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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>3/8</u> , 19 <u>52</u> , to <u>9/23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/22</u> , 19 <u>52</u> , and that death occurred at <u>1:30 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred R. Clark S.D.</u>		23b. ADDRESS <u>Wheaton, Missouri</u>	
23c. DATE SIGNED <u>9/24/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-5-1952</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Pope</u> ADDRESS <u>Wheaton, Mo.</u>	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~1052-200~~

District File Number 1052-200

Date Filed 10-14-52

NEOSHO, MISSOURI

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 James Kenneth Duncan  
Licensed Embalmer No. 4767

P. O. Address Wheaton, 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.