

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1920

State File No. U-1177

FILED JAN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 11247 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		c. LENGTH OF STAY (In this place) <u>19 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		d. STREET ADDRESS (If rural, give location) <u>South Main St., 6</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Main</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmett</u> b. (Middle) <u>Stanton</u> c. (Last) <u>Eifert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1953</u>		
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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>Jan. 10, 1880</u>		9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Mins.
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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>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Schylor Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Henry Eifert</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Eifert</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Boyer</u>	
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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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Eifert, Jasper, Mo.</u>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 Mon</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</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)	
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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?		
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22. I hereby certify that I attended the deceased from 8-1-1952, to 1-14-1953, that I last saw the deceased alive on 1-14-1953, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Knott M.D.</u>		(Degree or title) <u>U</u>		23b. ADDRESS <u>Jasper, Mo.</u>		23c. DATE SIGNED <u>1-15-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>17 Jan 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-17-53</u>	REGISTRAR'S SIGNATURE <u>L. B. Blanton, M.D.</u>		474-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharp &amp; Selvey by L. Sharp</u>		ADDRESS <u>Jasper, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1-21-53  
Jasper County Health Office

County File Number 53/1/70  
Date Filed 1-21-53

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 \_\_\_\_\_

*Lawson S. Sharp*

Student Embalmer No. 345

working under my personal supervision.

Student *Lawson S. Sharp*  
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Jackwood, 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.