No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4696

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE MO
c. LENGTH OF STAY (In this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KIRKSVILLE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SCHUYLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD 0980 1
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): —
c. (Last): Eiffert

4. DATE OF DEATH (Month) (Day) (Year): MARCH 4 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 9 1869
9. AGE (In years last birthday): 89 | 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE EIFFERT
13b. MOTHER'S MAIDEN NAME: MARY PAAST
14. NAME OF HUSBAND OR WIFE: MARY EIFFERT - FULTON MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Boyd Prough
ADDRESS: Queen City MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary edema
DUE TO (c): Cerebral Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebro-Vascular Arterio-Sclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1952 *to* March 4, 1953, *that I last saw the deceased alive on* March 4, 1953, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alan W. Brown DO (Degree or title)
23b. ADDRESS: Kirksville MO
23c. DATE SIGNED: 3-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-4-53
24c. NAME OF CEMETERY OR CREMATORY: GERMANIA CEMETERY
24d. LOCATION (City, town, or county) (State): SCHUYLER COUNTY MO

DATE REC'D BY LOCAL REG.: 3-4-53
REGISTRAR'S SIGNATURE: Nate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: Charles D. Fleming
ADDRESS: Chariton Ia

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 4625 V

P. O. Address Clarence Me

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.