

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28217

State File No.

FILED AUG 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>4187</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Franklin</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		d. STREET ADDRESS (If rural, give location) <u>W. Washington</u>		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Washington</u>				d. STREET ADDRESS (If rural, give location) <u>W. Washington</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Mary</u>		b. (Middle)	c. (Last) <u>Eilers</u>		Month <u>August</u>	Day <u>12</u>	Year <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 16th 1899</u>	9. AGE (in years last birthday) <u>74</u>	If UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	If UNDER 1 YEAR Hours <u></u> Min. <u></u>	If UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Beaufort, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Eilers</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 <u>Mrs Bora Meyer</u> ADDRESS <u>Union, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Gastroenteritis</u>				<u>6 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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 <u>Presenile - late latent syphilis</u> <u>Senile diabetes mellitus</u> <u>Marked atherosclerosis</u>				<u>40 yrs</u> <u>15 yrs</u> <u>6 yrs</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>5711 B</u>	
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) (Min.)		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>Sept</u> , 19 <u>48</u> , to <u>12 Aug</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11 Aug</u> , 19 <u>53</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wendell Anderson M.D.</u>				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>14 Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/15/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Aug 14 1953</u>		REGISTRAR'S SIGNATURE <u>J.T. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Ottmann</u>		ADDRESS <u>Union, Mo.</u>	

(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 E. F. Ottmann

Licensed Embalmer No. 1686

P. O. Address Union, 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.