

FILED OCT 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30186

Registrar's No. 38

04220

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5377

1. PLACE OF DEATH a. COUNTY DeKalb Co. (Grant Township)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY DeKalb Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City R.R.		c. LENGTH OF STAY (In this place) All life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City. R.R. Grant.Twnship	
3. NAME OF DECEASED (Type or Print) Adam		d. STREET ADDRESS (If rural, give location) 9 Mi. S.E. King City Mo. 0320	
a. (First)	b. (Middle)	c. (Last)	
Eiberger		4. DATE OF DEATH (Month) (Day) (Year) 9.21.1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.4.1874.
9. AGE (In years last birthday) 80		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Balthas S. Eiberger	
13b. MOTHER'S MAIDEN NAME Jeneva Prost		14. NAME OF HUSBAND OR WIFE Alice Eiberger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Alice Eiberger.		ADDRESS King City R.R. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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 Sudden		?	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-21-1954, to 9.21.1954, that I last saw the deceased alive on 9-21-1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS King City Mo.	23c. DATE SIGNED 9.23.54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9.24.1954	24c. NAME OF CEMETERY OR CREMATORY St. Columbia Cem	24d. LOCATION (City, town, or county) (State) Conception Mo.
DATE REC'D BY LOCAL REG. 9-24-54	REGISTRAR'S SIGNATURE Roscoe Darr	25. FUNERAL DIRECTOR'S SIGNATURE R. G. Taggart. ADDRESS King City Mo.	

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 R. A. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.