

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4412 Registrar's No. 40

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| 1. PLACE OF DEATH a. COUNTY <u>Sh. CLAIR</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo 2 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockville, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLETT Memorial Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>0091</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>Lee</u> c. (Last) <u>Eye</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 - 54</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Dec 8 - 1875</u> |
| 9. AGE (In years last birthday) <u>78</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 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 | |
| 11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

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| 13a. FATHER'S NAME <u>Jacob J. Eye</u> | 13b. MOTHER'S MAIDEN NAME <u>Timna Worthy Davis</u> | 14. NAME OF HUSBAND OR WIFE <u>Mattie Eye</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. <u>493-16-0781</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ray Eye</u> | ADDRESS <u>Appleton City, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | MEDICAL CERTIFICATION ONSET AND DEATH <u>14 da.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <u>4201</u> |
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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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 25 Oct, 1954, to 9 Oct, 1954, that I last saw the deceased alive on 9 Oct, 1954 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. H. Seisler</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Appleton City Mo</u> | 23c. DATE SIGNED <u>9 Oct 54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-11-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u> | 24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 14, 1954</u> | REGISTRAR'S SIGNATURE <u>Chas Abney</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> | ADDRESS <u>Appleton City Mo</u> |
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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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.