

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Tomona</u>	
c. LENGTH OF STAY (in this place) <u>2 mos</u>		d. STREET ADDRESS (If rural, give location) <u>R 2 W</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South main</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline M.</u> b. (Middle) <u>Eldringhoff</u> c. (Last) <u>Eldringhoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-1955</u>		
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5. SEX <u>21</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2-5-1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Red Bud Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>August Raebler</u>	13b. MOTHER'S MAIDEN NAME <u>Regina Barn</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kearl Butler, West Plains Mo</u>	ADDRESS <u>no</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>201 X</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) (Min.)	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 10-4, 1954 to 1-9, 1955, that I last saw the deceased alive on 1-9, 1955, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Callihau M. D.</u>	(Degree or title)	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>1-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>	24b. DATE <u>1-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>White Church Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-3-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379	25. FUNERAL DIRECTOR'S SIGNATURE <u>Katherine Roberts</u>	ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1955

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

D. J. Roberts

Licensed Embalmer No.

3437

P. O. Address

Wesotain

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.