

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39901**

0.300
0.48

FILED DEC 20 1955

BIRTH NO. _____		REG. DIST. NO. 55	PRIMARY REG. DIST. NO. 3011	Registrar's No. 106
1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Carrollton	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Stations Hosp.		e. STREET ADDRESS (If rural, give location) 501 N. Leslie		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE B. b. (Middle) _____ c. (Last) EIKER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1955		
5. SEX Fe	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1880	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James G. Chapin		13b. MOTHER'S MAIDEN NAME Martha Butterfield	14. NAME OF HUSBAND OR WIFE Roy Eiker Sr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial In ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) insufficiency DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 July 1, 1955 to June 6, 1955 , that I last saw the deceased on June 6, 1955 and that death occurred at 5:00A m. , from the causes and on the date stated above.				
23a. SIGNATURE D. Hamilton		23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED Dec 2/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	24d. LOCATION (City, town, or county) (State) Carrollton Mo.	
DATE REC'D BY LOCAL REG. 12/9/55	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE Stanley D. Gibson ADDRESS Carrollton, Mo.		

(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.....
Signature of Student Embalmer

Signed..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.