

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25690

State File No. _____

FILED JUL 25 1956

BIRTH NO. _____ REG. DIST. NO. 3251 PRIMARY REG. DIST. NO. 4480 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>		c. LENGTH OF STAY (In this place) <u>10 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pryor Nursing Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u>	
		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Luetta</u>	b. (Middle) _____	c. (Last) <u>Eitel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 6, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Enoch M. Ridenour</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Claybrook</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob H. Eitel</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gail Young, Milan, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Hepatic Insufficiency</u> DUE TO (c) <u>Chronic Portal Cirrhosis</u>		
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	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) (m.)	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 June 19, 1956, to July 1956, that I last saw the deceased alive on July 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Burt</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Greentop</u>	23c. DATE SIGNED <u>July 18, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7.20.56</u>	REGISTRAR'S SIGNATURE <u>Wm. A. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Hart & Son</u>	ADDRESS <u>Green City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0950

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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

Karl P. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green 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.