

FILED DEC 10 1956

STANDARD CERTIFICATE OF DEATH

37002
STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <i>Benton</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>White Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Lincoln Rt 1</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 miles N.W. of Lincoln</i>			Length of stay in lb <i>12 years</i>	d. STREET ADDRESS (If outside, give location) <i>5 miles north west</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>Fredrick</i> Last <i>Eifert</i>				4. DATE OF DEATH Month <i>nov</i> Day <i>30</i> Year <i>1956</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 18, 1871</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and state or country) <i>Benton County mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Henry Eifert</i>				14. MOTHER'S MAIDEN NAME <i>Louisa Kroescher</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Rosa Eifert</i> Address <i>Lincoln Rt 1</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Stragulation</i>						INTERVAL BETWEEN ONSET AND DEATH <i>nil</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Acute Broncho-Pneumonia</i>				7-8 days	
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTRY STATE	
21. I attended the deceased from <i>April 55</i> to <i>Nov 30-56</i> and last saw him <i>him</i> alive on <i>Nov. 30-56</i> Death occurred at <i>12:15</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Claude M. Thurber, M.D.</i> (Degree or title)				22b. ADDRESS <i>Windsor, Mo.</i>		22c. DATE SIGNED <i>12-1-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec 2, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Immanuel Lutheran</i>		23d. LOCATION (City, town, or county) (State) <i>Lincoln, Benton Co, mo</i>			
24. FUNERAL DIRECTOR <i>Fred Davis & son</i>		ADDRESS <i>Lincoln</i>	25. DATE RECD. BY LOCAL REG. <i>Dec 2 1956</i>		26. REGISTRAR'S SIGNATURE <i>E. L. Eickhoff</i>		

OCT 15 1958

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 *James R. Scruin*.....

Licensed Embalmer No. *48*

P. O. Address *Versailles, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.