

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40106

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 647

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Windsor</u> TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lincoln, Rt 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Community Hospital</u>				Length of stay in lb <u>2 days</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles n. west</u>	
3. NAME OF DECEASED (Type or print) <u>Rosa</u> <u>Catharina</u> <u>Eifert</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>20</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar 19, 1879</u>		9. AGE (In years last birthday) <u>78</u>	
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>None</u>		11. BIRTHPLACE (City and state or country) <u>Benton County mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Henry Hobbin</u>				14. MOTHER'S MAIDEN NAME <u>Catharina Holtzen</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Miss Clara Sefton</u> Address <u>Lincoln</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Failure</u> DUE TO (b) <u>Acute Influenza</u> DUE TO (c) <u>Penility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>481X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>when</u>	
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 <u>9:30</u> Month <u>Nov</u> Day <u>20</u> Year <u>1957</u> a. m. p. m.							
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.) <u>1</u>		20f. CITY, TOWN, OR LOCATION <u>Lincoln</u>		COUNTY <u>mo</u> STATE <u>mo</u>	
21. I attended the deceased from <u>11-18-57</u> to <u>11-20-57</u> and last saw her alive on <u>11-20-57</u> Death occurred at <u>9:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Claude M. Thurber MD</u>				22b. ADDRESS <u>Windsor Mo</u>		22c. DATE SIGNED <u>11-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/23/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unmarked Lot</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u>		ADDRESS <u>Lincoln</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

DEC 4 1957

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.....

John H. Scummi

Licensed Embalmer No. *488*

P. O. Address *Winnetka, Ill.*

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.