

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44908
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 207

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memo.		d. STREET ADDRESS (If outside, give location) 370 NO. Jefferson. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sylvia Middle C Last Eytman		4. DATE OF DEATH Dec. 14 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook & Waitress	11. BIRTHPLACE (City and state or country) Pulaski Co. Mo.
10a. FATHER'S NAME Edwin Rainey		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. MOTHER'S MAIDEN NAME Ellen Laquey		14. NAME OF HUSBAND OR WIFE Thomas Eytman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 432-12-0904	
17. INFORMANT Mrs. Ralph Watkins		Address Lebanon Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stu Asiano			INTERVAL BETWEEN ONSET AND DEATH 20 Nov 57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Overwhelming Ischemia			7 Dec 57
DUE TO (c) With intracranial Damage			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 481X			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 Month, Day, Year 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 22 Nov 56 to 14 Dec 57 and last saw her alive on 13 Dec 57 . Death occurred at 14 Dec 57 4.00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul G. Jenkins, M.D. (Degree or title)		22b. ADDRESS Lebanon Mo	
22c. DATE SIGNED 14 Dec 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/16/57	
23c. NAME OF CEMETERY OR CREMATORY Berean Cemet.		23d. LOCATION (City, town, or county) (State) Pulaski Co Mo.	
24. FUNERAL DIRECTOR J. H. Pabon ADDRESS Lebanon		25. DATE RECD. BY LOCAL REG. 12-17-1957	
26. REGISTRAR'S SIGNATURE Hella L. Gray			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1957

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Received 12/23/57
Laclede County Health Unit
File No. 207
Date Filed 12/23/57

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 Stanley R Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.