

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025011  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 91 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>OAKHILL TWSP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Cuba</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		Length of stay in lb <b>6 years</b>	d. STREET ADDRESS (If outside, give location) <b>RT # 2 OAKHILL TWSP</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH (None) Eberhard</b>			4. DATE OF DEATH Month Day Year <b>July 30 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10 1873</b>
9a. AGE (In years last birthday) <b>85</b>		9b. UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CITY FORRSTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>GERMANY 4</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>
14. NAME OF HUSBAND OR WIFE <b>EMMA Haase - Dead.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>
17. INFORMANT <b>MRS JOHN McQuaide</b>		Address <b>RT # 2 Cuba, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>age</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>burns on feet 2nd degree only</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>years</b>
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 <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 <b>18 July 58</b> to <b>27 July 58</b> and last saw her <sup>her</sup> <sub>him</sub> <b>27 July 58</b> Death occurred at <b>9:00</b> a. m. on the date stated above; and to the best of my knowledge, from <b>the</b> causes stated.			
22a. SIGNATURE (Degree or title) <b>Ronald Van Audell M.D.</b>		22b. ADDRESS <b>Bourbon, Mo.</b>	
22c. DATE SIGNED <b>31 July 58</b>		22d. SIGNATURE <b>Paul C. Franklin</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Aug 2-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	23d. LOCATION (City, town, or county) (State) <b>Cuba Mo.</b>
24. FUNERAL DIRECTOR <b>Norman O. Aeger</b>		25. DATE RECD. BY LOCAL REG. <b>7/31/58</b>	
ADDRESS <b>Cuba, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Paul C. Franklin</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

720

1958-7-30  
1873-5-10  
85-2-20

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 *Fernando Acener*  
Licensed Embalmer No. *4673*  
P. O. Address *Cuba, 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.