

FILED VS AUG 24 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027977  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 2600 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCOTLAND</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (in this place) <b>20 YEARS</b>	c. CITY OR TOWN <b>MEMPHIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LADGHLIN HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>Edgar F. Eierman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 15 - 59</b>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-29-1881</b>	9. AGE (In years last birthday) <b>77</b>	if UNDER 1 YEAR Months <b>10</b> Days <b>22</b>	if UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKER IN BANK</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND COUNTY MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>JOHN A EIERMAN</b>	13b. MOTHER'S MAIDEN NAME <b>BOSINA KAPPER</b>	14. NAME OF HUSBAND OR WIFE <b>CLEO HOUSE EIERMAN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>488-10-2975</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cleo Eierman</b> ADDRESS <b>Memphis Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>22 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 <b>4.301</b>	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 8-14, 1959, to 8-15, 1959, that I last saw the deceased alive on 8-15, 1959, and that death occurred at 10:55 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard P. Valuck DO</b>	23b. ADDRESS <b>Ladghlin Hospital Kirksville Mo</b>	23c. DATE SIGNED <b>8-15-59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-17-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMPHIS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MEMPHIS MO</b>
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DATE REC'D BY LOCAL REG. <b>8-20-1959</b>	REGISTRAR'S SIGNATURE <b>Doris W. Ratloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill Regue &amp; Son</b> ADDRESS <b>Memphis</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

P. VALUCK, D.O.  
5 RICHARD

GRACE

Mrs

Address

MEMPHIS

TO GENERAL

N.S.

MAY 19 1960

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.....  
*J. H. Payne*

Licensed Embalmer No. *2196*

P. O. Address *Memphis*

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.