

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018414

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 99

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Nodaway
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Length of stay in 1b 3 weeks
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Nodaway
 c. CITY OR TOWN Maryville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 717 South Vine Reside on Farm Yes No
 3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARTHA HILDA EIERDANZ 5 17 61
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/11/03 9. AGE (last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) Skidmore, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME William H. Freese 13b. MOTHER'S MAIDEN NAME Ora Belle Slaughter 14. NAME OF HUSBAND OR WIFE John H. Eierdanz, dec.
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. William Irwin, Maryville, 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) Cerebrovascular hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 wks
 DUE TO (b) Cerebral metastases 3 mos?
 DUE TO (c) Carcinoma of Breast 2 yrs
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 May 28, 1960 to 5/17/61 and last saw her alive on May 17, 1961
 Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) Challenge - M. D. 22b. ADDRESS Maryville, Missouri 22c. DATE SIGNED 5/18/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5/20/61 23c. NAME OF CEMETERY OR CREMATORY Miriam 23d. LOCATION (City, town, or county) (State) Maryville, Missouri
 24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo. 25. DATE RECD. BY LOCAL REG. 5-19-61 26. REGISTRAR'S SIGNATURE Bess Holt

1961 JUN 15

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 *D. Merrick*, Student Embalmer No. 632
working under my personal supervision.

Student *D. Merrick*
Signature of Student Embalmer

Signed *Clun M. Price*

Licensed Embalmer No. 1822

P. O. Address *Marysville, 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.