MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-033211
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 117

FILED SEP 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850
2 0397
3 2
4 1
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7 0
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13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pulaski County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Green
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1815 So Florence — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bessie Middle: Alice Last: Eoff

4. DATE OF DEATH: Month: Aug Day: 28 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Jan 8 1887

9. AGE (last birthday): 76 — 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: Domestic

11. BIRTHPLACE (City and state or country): Labadie, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Sanford

13b. MOTHER'S MAIDEN NAME: Alice Lewis

14. NAME OF HUSBAND OR WIFE: James Eoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted]): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Earl Eoff — Address: 1815 Florence St. Springfield, 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): MYOCARDIAL FAILURE, ACUTE, SEVERE — INTERVAL BETWEEN ONSET AND DEATH: HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): LEFT VENTRICULAR HYPERTROPHY — 5 YEARS.

DUE TO (c): LEFT COMPLETE BUNDLE BRANCH BLOCK ? PULMONARY EFFUSION — 2 WEEKS

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 AUG 19, 1963 DEATH and last saw her alive on AUG 28, 1963

Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): [signature] M.D.

22b. ADDRESS: Richland, Missouri

22c. DATE SIGNED: 8/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/30/1963

23c. NAME OF CEMETERY OR CREMATORY: Brush Creek Cemetery

23d. LOCATION (City, town, or county): Gray Summit (State): Mo

24. FUNERAL DIRECTOR: Moss — Moss-Williams — ADDRESS: Richland, Mo

25. DATE RECD. BY LOCAL REG.: 8-30-63

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1963

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_____ Signed Clarence Thoss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.