

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034560

FILED VS. SEP 19 1960 137

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 222 STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bogard Twp</u>		c. CITY OR TOWN <u>Clinton</u>		b. COUNTY <u>Henry</u>	
c. FULL NAME OF (NOT in hospital, give ambulance HOSPITAL INSTITUTION) <u>Highway # 7-1 mile W of Church Mo</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Clinton Gen. Hosp.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELDON - ERGER</u>				4. DATE OF DEATH Month Day Year <u>Sept 13 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/12/60</u>	9. AGE (last birthday)	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) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Geo. F. Eager</u>			13b. MOTHER'S MAIDEN NAME <u>W. Loughly Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NOS. <u>no</u>		17. INFORMANT Address <u>Geo. F. Eager Clinton Mo Rt 4</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN DEATH AND DEATH
IMMEDIATE CAUSE (a) <u>congenital heart disease (myocardial infarction)</u>							<u>24 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year							
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 <u>Sept 12, 1960</u> to <u>Sept 13, 1960</u> and last saw her/him alive on <u>Sept 13, 1960</u> Death occurred at <u>6:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>				22b. ADDRESS <u>Clinton, Mo</u>		22c. DATE SIGNED <u>14 Sept. '60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/14/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		23d. LOCATION (City, town, or county) <u>Clinton Mo</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>F. L. SCHABERG CLINTON, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept 14, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Heldred Bigum</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.