

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1949

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Miami</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Miami</u>	
c. LENGTH OF STAY (In this place) <u>Admitted</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles North Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Eberle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 1 - 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct. 9 - 1875</u>		9. AGE (In years last birthday) <u>73 - 2 - 22</u>		10. IF UNDER 1 YEAR Hours Min.		11. IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Malta Bend, Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>US</u>			
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13a. FATHER'S NAME <u>Gottfried Eberle</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Cover</u>			14. NAME OF HUSBAND OR WIFE					
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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) <u>no</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss Ora Eberle, Malta Bend, Mo.</u>					
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Infarction</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
		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. <u>4/20</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		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 10-1, 1948, to 1-1, 1949, that I last saw the deceased alive on 1-1, 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Sullivan M.D.</u>		23b. ADDRESS <u>Miami, Mo</u>		23c. DATE SIGNED <u>1-2-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan - 4 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malta Bend</u>		24d. LOCATION (City, town, or county) (State) <u>Malta Bend Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-4-49</u>		REGISTRAR'S SIGNATURE <u>Mr. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Jones & Salzer Slater Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 26-49

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.....

Richard V. Drummond

Student Embalmer No. 103

working under my personal supervision.

Student *Richard V. Drummond*
Student Embalmer

Signed *James E. Jones*
Licensed Embalmer No. 3143

P. O. Address *Slater 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 this body is not embalmed, fact should be so stated above.