

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5473

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. LENGTH OF STAY (In this place) 5 1/2 Mo	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		d. FULL NAME OF HOSPITAL OR INSTITUTION Henry Home. For Aged.	
d. STREET ADDRESS (If rural, give location) Gen Del. California, Mo		4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1950	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Eberhart		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 10. 1860		9. AGE (In years last birthday) Months Days 90 0 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fredrick Bantrup		13b. MOTHER'S MAIDEN NAME Sarah Ann Wilson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl F. Eberhart California Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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. INTERVAL BETWEEN ONSET AND DEATH 3 hours		19. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)	
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?		22. I hereby certify that I attended the deceased from <u>Aug. 2</u> , 19 <u>49</u> , to <u>Jan 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>50</u> , and that death occurred at <u>11/20</u> pm., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. A. Benin D.O.		23b. ADDRESS California, Mo	
23c. DATE SIGNED 1/24/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/25/1950		24c. NAME OF CEMETERY OR CREMATOR Enlow Cometary.	
24d. LOCATION (City, town, or county) (State) Russellville, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl R. Bowlin - California Mo	
DATE REC'D BY LOCAL REG. 1-25-50		REGISTRAR'S SIGNATURE H.R. Popejoy 2021	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED FEB 20 1950
District Health Officer No. 9
District File Number

NOV 17 1950

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
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, Inc

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.