

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

23215

State File No. _____
Registrar's No. 21

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1732

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Meramec RURAL</u>		c. CITY OR TOWN <u>RURAL Meramec</u>	
c. LENGTH OF STAY (in this place) <u>3 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>Sullivan, Mo. RR 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller's Home for the Aged</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elbert</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Eoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 5, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegrapher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John L. Eoff</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Korte</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Tourville</u>	ADDRESS <u>Sullivan, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>interstitial fibrosis pulmonary</u>		<u>years</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>Senile Dementia - suicidal</u>			<u>2 years</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) <u>52.5X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May, 1950, to July 19, 1950, that I last saw the deceased alive on 7-17, 1950, and that death occurred at 7 A. M. from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Raector M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sullivan - Mo.</u>	23c. DATE SIGNED <u>7-31-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-31-50</u>	REGISTRAR'S SIGNATURE <u>Ed Raector</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phoebus Stoffer</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360
5

RECEIVED

AUG 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed J. A. Humphrey

Signed.....
Student Embalmer

Licensed Embalmer No. 4772

P. O. Address Sullivan, Missouri

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.