

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19726
Registrar's No. 160

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNOTS, MILL, MO.</u>	
c. LENGTH OF STAY (in this place) <u>10 MO</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOME OF THE AGED</u>			
3. NAME OF DECEASED a. (First) <u>EMUL</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>EYNARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOV. 8, 1860</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR (Month) (Day) <u>7</u> <u>7</u>	IF UNDER 1 WK. (Hour) (Min.) <u>7</u> <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>BONNOTS MILL, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>BOEN EYNARD</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Eynard</u> ADDRESS <u>BONNOTS, MILL MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>Arterio-sclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Smoking</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>1-4</u> , 19 <u>44</u> , to <u>6-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>51</u> , and that death occurred at <u>11:30 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. McFally M.D.</u>		23b. ADDRESS <u>Jefferson City MO</u>	23c. DATE SIGNED <u>6-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS</u>	24d. LOCATION (City, town, or county) (State) <u>BONNOTS MILL, MO.</u>
DATE REC'D BY LOCAL REG. <u>June 15-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MA-NR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur D. Delle</u> ADDRESS <u>J.C. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0264 74

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed. 6-18-51

NOV 15 1951

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.....

Sybilista Delle

Signed.....
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address *Jefferson City 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.