

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32010

State File No. _____

FILED SEP 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>409</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper.</u>			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>44 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>522 N. Moffet Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frieman Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>522 N. Moffet Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>P.</u>		c. (Last) <u>Eberlein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 8 - 52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 10, 1873</u>		9. AGE (In years last birthday) <u>78.</u>	10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Selmer Eberlein</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Kausal</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>491-01-7765</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert P. Eberlein</u>			ADDRESS <u>St. Louis Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis and encephalomalacia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7/26/52</u>
				DUPLICATE CAUSES DUE TO (b) <u>Arteriosclerosis</u>			Undetermined
				DUE TO (c) <u>Chronic myocardial insufficiency</u>			Undetermined
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input checked="" 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>7/26</u> , 19 <u>52</u> , to <u>9/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/7</u> , 19 <u>52</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> X				(Degree or title) <u>M. D. D</u>		23b. ADDRESS <u>420 Byers Avenue</u> <u>Joplin, Missouri</u>	
23c. DATE SIGNED <u>9/9/52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>	
DATE RECD BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Joplin, Mo</u>			

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

0495

RECEIVED 9-22-52
Jasper County Health Office

County File Number 52/9/739

Date Filed 9-22-52

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 Cecil A. Gornke

Licensed Embalmer No. 3590

P. O. Address Joplin 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.