

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15638**  
Registrar's No. **40**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moore Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>901 North Second</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **Eldora** b. (Middle) **Hoops** c. (Last) **Eberting**

4. DATE OF DEATH (Month) (Day) (Year) **May 30 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Nov. 12, 1868** 9. AGE (In years last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (State or foreign country) **Arcola, Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S. A.**

13a. FATHER'S NAME **E. M. Hoops** 13b. MOTHER'S MAIDEN NAME **Sarah Jane** (unknown) 14. NAME OF HUSBAND OR WIFE **William Eberting**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Charles Eberting** ADDRESS **Clinton, Missouri**

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) **Chemic**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Chronic border nephritis** **2 years**

DUE TO (c) **Developed arteriosclerosis** **unknown**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Senile psychosis** **1 year**

19a. DATE OF OPERATION **No** 19b. MAJOR FINDINGS OF OPERATION **446x** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **No** 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) **No** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **April 13, 1953**, to **May 30, 1954**, that I last saw the deceased alive on **May 12, 1954**, and that death occurred at **1-A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **S. B. Hughes M.D.** 23b. ADDRESS **Clinton, Mo.** 23c. DATE SIGNED **6/1/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 2, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Englewood** 24d. LOCATION (City, town, or county) (State) **Clinton, Missouri**

DATE REC'D BY LOCAL REG. **June 1-54** REGISTRAR'S SIGNATURE **Florence Adair** 42. 25. FUNERAL DIRECTOR'S SIGNATURE **J. C. Conner** ADDRESS **Clinton, Mo.**

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

0572

0422

**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 *Eugene R. Conner*

Licensed Embalmer No. *4680*

P. O. Address *Clinton, Miss*

**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.