

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18359**

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5453** Registrar's No. **584**

1. PLACE OF DEATH
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **South Dakota** b. COUNTY **Butte**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Brookline Township "RURAL"** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **Belle Fourche** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Ambulance enroute Hospital** e. STREET ADDRESS (If rural, give location) **General Delivery** **8408**

3. NAME OF DECEASED (Type or Print) a. (First) **MARK** b. (Middle) **NICHOLAS** c. (Last) **EIXENBERGER** 4. DATE OF DEATH (Month) (Day) (Year) **July 2, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **June 24, 1929** 9. AGE (In years last birthday) **26** f. UNDER 1 YEAR Months _____ g. UNDER 1 YEAR Days _____ h. UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Soldier** 10b. KIND OF BUSINESS OR INDUSTRY **Regular Army** 11. BIRTHPLACE (City and State or Foreign Country) **Sturgis, South Dakota** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 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) **Yes** **Now serving** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Identification papers on body** ADDRESS _____

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) **Multiple fractures of skull and internal injuries.** INTERVAL BETWEEN ONSET AND DEATH **minutes**

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. **8224**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **32** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Auto** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **on highway** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Brookline Twnship, Greene, Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 2, 55 5:30** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Thrown out of overturning auto.**

22. I hereby certify that ~~the death occurred on~~ ~~the date stated above.~~ death occurred at **5:30pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Chas. E. Seifer, Coroner** 23b. ADDRESS **Springfield, Missouri** 23c. DATE SIGNED **7/2/1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/3/1955** 24c. NAME OF CEMETERY OR CREMATORY **- - -** 24d. LOCATION (City, town, or county) (State) **St. Leonard Wood, Missouri**

DATE REC'D BY LOCAL REG. **7-6-55** REGISTRAR'S SIGNATURE **Edith Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE **Harry Lyne** ADDRESS **Springfield, Mo**

(Licensed Embalmer's statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—MISSOURI PERMANENT RECORD

956 92 7009

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.....
Signature of Student Embalmer

Signed.....
Harry [Signature]

Licensed Embalmer No. 459
P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.