No. 300
10-48

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

FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22816

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 78 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1114 Locust St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1114 Locust St.

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3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ALBERT c. (Last) EYLENBURG
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 26 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Loan Agent
10b. KIND OF BUSINESS OR INDUSTRY: Farm Loans
11. BIRTHPLACE (City and State or Foreign Country): Joliet Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Albert Eylenburg
13b. MOTHER'S MAIDEN NAME: Polly Marks
14. NAME OF HUSBAND OR WIFE: Nellie Knapp Eylenburg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nellie Eylengurg — ADDRESS: Chillicothe Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH: Known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) metastatic ca of prostate — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 177X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* _____, 1947, *to* July, 1955, *that I last saw the deceased alive on* 27 July, 1955, *and that death occurred at* 8:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles M. Grace (Degree or title) M.D.
23b. ADDRESS: Chillicothe, Mo.
23c. DATE SIGNED: 28 July 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: July 30 '55
24c. NAME OF CEMETERY OR CREMATORY: D.W. Newcomers & Sons
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: July 28-55
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: NORMAN FUNERAL HOME Chillicothe, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1955

MAY 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ettore Norman.....

Licensed Embalmer No. 4036

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.