

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37314

State File No.

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>5603</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Rural - Grover Twn.</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY OR TOWN _____		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Rural - 7 miles N.E. of Knob Noster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u>		b. (Middle) <u>Stauffer</u>		c. (Last) <u>Eikelberger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 10, 1872</u>	
9. AGE (In years last birthday) <u>83</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berne, Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Stauffer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Roggli</u>			14. NAME OF HUSBAND OR WIFE <u>Charles H. Eikelberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Logan, Knob Noster, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> 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. <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster Johnson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		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>Oct 1, 1955</u> , to <u>Nov 24, 1955</u> , that I last saw the deceased alive on <u>Nov 24, 1955</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul M. Moore</u>				23b. ADDRESS <u>Knob Noster, Mo</u>		23c. DATE SIGNED <u>Nov 25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bennington, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11/25/55</u>		REGISTRAR'S SIGNATURE <u>Carma L. Beatty</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore, La Monte, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0510

RECEIVED
NOV 28 1955
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 *Paul M. Moore*.....

Licensed Embalmer No. *392*.....

P. O. Address *La Monte, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.