No. 300
10.40

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4107

39932

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. ~~5-235~~ Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Spg.
c. LENGTH OF STAY (In this place): 5 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pickel Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Spg. Mo
d. STREET ADDRESS (If rural, give location): 000

3. NAME OF DECEASED (Type or Print): a. (First) DAVID - b. (Middle) THOMAS - c. (Last) EBERHARD

4. DATE OF DEATH (Month) (Day) (Year): 12 - 6 - 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-29-1868
9. AGE (In years last birthday): 87 — If under 1 year: Months 3, Days 7; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): White Co. Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Gabriel Eberhard
13b. MOTHER'S MAIDEN NAME: Catherine Yater
14. NAME OF HUSBAND OR WIFE: Nancy C. Eberhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Ira Eberhard, ADDRESS: Golden City, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

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

DUE TO (b): cerebral arteriosclerosis

DUE TO (c): 332X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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* 12-5, 1955, *to* 12-6, 1955, *that I last saw the deceased alive on* 12-6, 1955, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Teague (Degree or title): M.D.
23b. ADDRESS: El Dorado Springs Mo.
23c. DATE SIGNED: 12-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-9-1955
24c. NAME OF CEMETERY OR CREMATORY: Bracker Cem.
24d. LOCATION (City, town, or county) (State): 3 M. W. Jerico Spg. Mo

DATE REC'D BY LOCAL REG.: 12-16-1955
REGISTRAR'S SIGNATURE: Norma Timmerman
25. FUNERAL DIRECTOR'S SIGNATURE: Leon R. Long, ADDRESS: Jerico Spg. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 371X

P. O. Address.....

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.