

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 1 year		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairview		STREET ADDRESS (If rural, give location) 522 No. Moffet 8995	

3. NAME OF DECEASED (Type or Print)	a. (First) Felix	b. (Middle) K.	c. (Last) Eberlein	4. DATE OF DEATH (Month) (Day) (Year) 1-31-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH Oct 11, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Broker	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Selmer Eberlein	13b. MOTHER'S MAIDEN NAME Emma Kausal	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Eberlein St. Louis, Mo.
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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, asthma, 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
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		
	DUE TO (c) Arteriosclerosis heart disease Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-26, 1955, to 1-30-56, 1956, that I last saw the deceased alive on 1-30-56, 1956, and that death occurred at 9:45a m., from the causes and on the date stated above.

23a. SIGNATURE Richard P. Cahle (Degree or title) M.D.	23b. ADDRESS 9 Carthage, Mo.	23c. DATE SIGNED 2-2-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-3-1956	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem	24d. LOCATION (City, town, or county) (State) West City, Mo.
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DATE REC'D BY LOCAL REG. 2-2-56	REGISTRAR'S SIGNATURE W. H. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sham Hill Dillion Joplin Mo.
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FEB 14 1956

RECEIVED FEB 8 1956  
WEST COUNTY Health OFFICE

Number 56-2-118  
FEB 8 1956

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... *William E. Huddleston*

Licensed Embalmer No. *477*

P. O. Address... *Joplin 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.