

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32567

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.					
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. LENGTH OF STAY (In this place) 35 yrs.		c. CITY OR TOWN Washington.		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 612 James St.				STREET ADDRESS (If rural, give location) 612 James St.					
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) A.		c. (Last) Eilers		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28th, 1956.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 31, 1889.		9. AGE (In years last birthday) 67 if UNDER 1 YEAR 0 if UNDER 1 MRS. 27 Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Krakow, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Frankenberg.				13b. MOTHER'S MAIDEN NAME Louise Buchholz.			14. NAME OF HUSBAND XXXXX Edward Eilers.		
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 Mrs. George Bolte Washington, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Large bowel						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 Jan , 1954, to Nov 28 , 1956, that I last saw the deceased alive on Nov 28 , 1956, and that death occurred at 11:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. P. ... M.D.					23b. ADDRESS Washington, Mo.			23c. DATE SIGNED 11/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1956.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery.			24d. LOCATION (City, town, or county) (State) Washington, Mo.		
DATE REC'D BY LOCAL REG. 11/30/56		REGISTRAR'S SIGNATURE E. P. ...			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nielburg & Witt, Inc. Washington, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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REC-1

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 Vernon C. Vedder, Student Embalmer No. 537

working under my personal supervision.

Student Vernon C. Vedder
Signature of Student Embalmer

Signed Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.