

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36718**
Registrar's No. **111**

FILED OCT 31 1957

BIRTH NO.		REG. DIST. NO. 230		PRIMARY REG. DIST. NO. 4345		
1. PLACE OF DEATH a. COUNTY MONTGOMERY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONTGOMERY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RHINELAND Loure 40yrs		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN RHINELAND		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) 3 miles N. of RHINELAND Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) CAROLINE	b. (Middle) ELDRINGHOFF	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10 26 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1894	9. AGE (In years last birthday) 63	If UNDER 1 YEAR Months 7 Days 19	If UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Americus Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frank Eikel		13b. MOTHER'S MAIDEN NAME Elizabeth Grotewiel		14. NAME OF HUSBAND OR WIFE George Eldringhoff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME George Eldringhoff			ADDRESS Rhineland 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac decompensation	INTERVAL BETWEEN ONSET AND DEATH 12 hours					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic lymphatic leukemia	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years					
DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2040						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) m.		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 11-16 , 19 47 , to 10-26 , 19 57 , that I last saw the deceased alive on 10-26 , 19 57 , and that death occurred at 10:30 a. m., from the causes and on the date stated above.						
23a. SIGNATURE Carol T. Shaw M.D.			23b. ADDRESS Hennon Mo		23c. DATE SIGNED 10-29-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-29-57	24c. NAME OF CEMETERY OR CREMATORY St. Martins		24d. LOCATION (City, town, or county) (State) Starkenburg Mo.		
DATE REC'D BY LOCAL REG. Oct 29, 1957 Mrs. Eunice Bush		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE B. Baker Americus Mo		

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

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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. 337, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *D B Baker*.....

Licensed Embalmer No.....3275

P. O. Address...AMERICAN, 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.