

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044984

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 231 Primary Registration District No. 4343 Registrar's No. 1

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Florence</b>		c. CITY OR TOWN <b>New Florence</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Ella</b> Middle <b>Francis</b> Last <b>Eutz</b>			4. DATE OF DEATH Month <b>December</b> Day <b>20</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 13, 1873</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>High Hill, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Johnston</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Eutz</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Thomas Eutz</b> Address <b>New Florence, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Embolism</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 Min.</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) <b>4201</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis Senility &amp; General debility</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>New Florence</b>	COUNTY <b>Montgomery</b>	STATE
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21. I attended the deceased from <b>Dec. 12, 1958</b> to <b>Dec. 20, 1958</b> and last saw her/him alive on <b>Dec. 17, 1958</b> Death occurred at <b>3:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>C. H. Thompson D O 2</i>	(Degree or title)	22b. ADDRESS <i>New Florence, Mo</i>	22c. DATE SIGNED <i>Dec 22-1958</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 22, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>High Hill, Missouri</b>
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24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b> ADDRESS <b>Montgomery City Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>12-29-58</b>	26. REGISTRAR'S SIGNATURE <i>Laura S Callaway</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ..... *E. Deane Schlander*

Licensed Embalmer No. *4136*  
P. O. Address *Montgomery, Ala.*

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.