

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017249

STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SULLIVAN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SULLIVAN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>274 E. SPRINGFIELD</b>		Length of stay in lb <b>9 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>036 1/2 274 E. SPRINGFIELD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>RASSA P. EOFF</b>			4. DATE OF DEATH Month Day Year <b>MAY 14 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</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>MARCH 31, 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTO MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO</b>	9. AGE (In years last birthday) <b>42</b> IF UNDER 1 YEAR Months Days Hours Min. <b>1 3</b>
11a. BIRTHPLACE (City and state or country) <b>ELMONT, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RUFUS P. EOFF</b>		13b. MOTHER'S MAIDEN NAME <b>NORA BLANKENSHIP</b>	14. NAME OF HUSBAND OR WIFE <b>ALTHEA ELDRIDGE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I</b>		16. SOCIAL SECURITY NO. <b>496-32-0998</b>	17. INFORMANT Address <b>ALTHEA EOFF SULLIVAN, MO.</b>
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>Adenocarcinoma of the caecum</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>1530</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Laenoree's Cirrhosis - yrs.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1948</b> to <b>1959</b> and last saw him alive on <b>May 14 1959</b> Death occurred at <b>3:40 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>det. Archer</b>		22b. ADDRESS <b>Sullivan, Mo</b>	22c. DATE SIGNED <b>5/15/59</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 17, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. MAUSOLEUM</b>	23d. LOCATION (City, town, or county) (State) <b>SULLIVAN MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>H. W. Eaton SULLIVAN MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5/16/59</b>	26. REGISTRAR'S SIGNATURE <b>Thomas G. Dempsey</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 8 0 1959

JUN 5 1959

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,  ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Harrison D. Eaton* .....

Licensed Embalmer No. *5066* .....

P. O. Address *Sullivan, 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.