

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36584**

**FILED OCT 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **48**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Moniteau Co</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker</b>	
c. LENGTH OF STAY (in this place) <b>17 Yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen Del. California, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Gen Del. California, Mo</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Bill</b> c. (Last) <b>Eberhardt</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct 4 1953</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>July 16 1876</b>		<b>9. AGE</b> (In years) last birthday <b>77</b>		<b>10. F UNDER 1 YEAR</b> <b>2</b> <b>11. F UNDER 1 MRS.</b> <b>18</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Farm</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>California, Mo</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>UnKnown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>UnKnown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Spanish American None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Earl B. Eberhardt R.E. Mo</b>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis with Myocardial Degeneration</b>		DUE TO (b) _____				<b>1 + year</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>California, Moniteau Mo.</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from 5-19, 1952, to 10-3, 1953, that I last saw the deceased alive on 10-3, 1953, and that death occurred at 1/15A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>R.B. Fulke, M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>California, Mo</b>		<b>23c. DATE SIGNED</b> <b>10-5-53</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>10/6/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Evangelical Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>California, Mo</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>10/5/53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>H. R. Poppert</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Earl Borulin - California</b>	
				<b>ADDRESS</b>	

202-0

(Licensed Embalmer's Statement on Reverse Side)

710

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

10.300  
10.48

OCT 21 1953

**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 .....  
Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.