

FILED JUN 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18757

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>CARTER BUTLER</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff Miss</u>		c. LENGTH OF STAY (In this place) <u>7</u>		a. STATE <u>MO</u>	
b. CITY OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>		d. STREET ADDRESS (If rural, give location) <u>1609 BELL</u>		b. COUNTY <u>BUCHANAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED			4. DATE OF DEATH			5. AGE (In years, last birthday)	
a. (First) <u>MICHAEL</u>		b. (Middle) <u>FARRIS</u>		c. (Last) <u>EISIMINGER</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23 1949</u>	
(Type or Print)							
5. SEX <u>MD</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE U</u>		8. DATE OF BIRTH <u>DEC. 17 1946</u>	
9. AGE (In years, last birthday) <u>2</u>		IF UNDER 1 YEAR (Months) <u>6</u>		IF UNDER 1 YEAR (Days) <u>4</u>		IF UNDER 1 YEAR (Hours) <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BOONEVILLE, MO U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>ROBERT A. EISIMINGER</u>			13b. MOTHER'S MAIDEN NAME <u>GENEVIEVE L. FARRIS</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT A. EISIMINGER</u>			
(If yes, give war or dates of service)				ADDRESS <u>COLOMBUS (GA) BASEBALL CLUB</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE INJURIES</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS <u>DEAD ON ARRIVAL AT HOSPITAL</u>				8224			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>(None) with Ribs broken</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				32			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CARTER</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 23 1949 3:40p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Johnson</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>6/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph, MO</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>June 24 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Cray Fitch, Poplar Bluff Mo</u>			
				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 REC'D

BUTLER COUNTY HEALTH CENTER

649-149

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 Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, 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.