

FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

Dr. Parks 8888
State File No. 36689

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1034

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1607 E. Delmar		d. STREET ADDRESS (If rural, give location) 1607 E. Delmar	
3. NAME OF DECEASED (Type or Print) a. (First) Celia		b. (Middle) Eisenmayer	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 1 1867
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Waterloo, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chas. H. Heer	
13b. MOTHER'S MAIDEN NAME Mary E. Koenig		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. John Guinn		ADDRESS Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION, ACUTE, DUE TO ARTERIOSCLEROTIC CORONARY DUE TO (b) THROMBOSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS CARCINOMA OF COLON	
INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 4 1/2! 5 YRS. 6 MO.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) (Min.) NONE	
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 OCTOBER 19 47 , to NOV. 20, 1950 , that I last saw the deceased alive on NOV. 20, 1950 , and that death occurred at 6 pm. , from the causes and on the date stated above.			
23a. SIGNATURE William J. Paul, M.D.		23b. ADDRESS 609 Cherry, Springfield	
23c. DATE SIGNED 11/21/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/22/50		24c. NAME OF CEMETERY OR CREMATORY Hazelwood	
24d. LOCATION (City, town, or county) (State) Springfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	
DATE REC'D BY LOCAL REG. 11/22/50		REGISTRAR'S SIGNATURE W. E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

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

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0396

DEC 5 1930

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 Lucien J. Dudley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.