

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

709

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>5101</u>		PRIMARY REG. DIST. NO. <u>5413</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wasola</u>		c. LENGTH OF STAY (in this place) <u>Walla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wasola</u>		0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) _____			c. (Last) <u>Eslinger</u>	
4. DATE OF DEATH		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>F. M. /</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married /</u>		8. DATE OF BIRTH <u>3-21-96</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Silverton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Willie Prock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McBride</u>		14. NAME OF HUSBAND OR WIFE <u>John Eslinger, Wasola, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Eslinger</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1042</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____ (m.) _____		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 <u>1942 to 1-9</u> , 1951, that I last saw the deceased alive on <u>1-7</u> , 1951, and that death occurred at <u>7:25A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Hoeriman</u> (Degree or title) <u>DD</u>				23b. ADDRESS <u>Gainesville Mo.</u>		23c. DATE SIGNED <u>1-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wasola</u>		24d. LOCATION (City, town, or county) (State) <u>Wasola, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home, Ava, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 24 1951 216

Dist. File 127-426

Date Filed 1-24-51

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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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Wa, 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.