

S. No. 300
V. 10.48

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7940

BIRTH NO. _____ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 5371 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township 6310	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 12 Miles N.E. Gallatin, Mo		d. STREET ADDRESS (If rural, give location) 12 Miles N. E. Gallatin, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Marvin	c. (Last) Eskridge	4. DATE OF DEATH (Month) (Day) (Year)	March 23 1951
-------------------------------------	-------------------	--------------------	--------------------	---------------------------------------	---------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 25 1886	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	# UNDER 15 MIN. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	-----------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Platte Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	----------------------------------

13a. FATHER'S NAME Thomas K. Eskridge	13b. MOTHER'S MAIDEN NAME Louisa Bane	14. NAME OF HUSBAND OR WIFE Anna Laura Eskridge
---------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-14-7214	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Eskridge, Jamesport, Mo	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, arteria, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage - left hemisphere -</i>		INTELLECT BETWEEN ONSET AND DEATH <i>1947</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive cardio</i> DUE TO (c) <i>vascular dis.</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Jan 24, 1951, to Mar 13, 1951, that I last saw the deceased alive on Mar 22, 1951, and that death occurred at 6:05A m. from the cause and on the date stated above.

23a. SIGNATURE <i>Richard L. Erickson M.D.</i>	(Degree or title)	23b. ADDRESS <i>Ellen No 3-2751</i>	23c. DATE SIGNED
--	-------------------	-------------------------------------	------------------

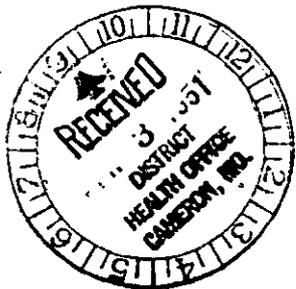
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-1951	24c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery	24d. LOCATION (City, town, or county) (State) Daviess Co. Missouri
--	---------------------	--	--

DATE REC'D BY LOCAL REG. 29 March 1951	REGISTRAR'S SIGNATURE <i>Virginia M. Engelhard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hope Funeral Home</i>	ADDRESS Hope Funeral Home, Gallatin, Mo.
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

310



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *L. C. Johnson*

Licensed Embalmer No. *3307*

P. O. Address *Fallotier, 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.