

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39686**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **382**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). b. STATE Missouri d. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (In this place) 48 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0204	
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 So. Stewart		d. STREET ADDRESS (If rural, give location) 120 So. Stewart	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) Eschbacher			4. DATE OF DEATH (Month) (Day) (Year) Dec 8 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 11-1869	9. AGE (In years last birthday) 83	10. MONTHS 3	11. DAYS 27	12. HOURS 11	13. MIN. 00
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 (City and State or Foreign Country) Washington Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Henry Esser		13b. MOTHER'S MAIDEN NAME Mary Esser		14. NAME OF HUSBAND OR WIFE Frank Eschbacher			
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. none		17. INFORMANT'S SIGNATURE OR NAME Frank Eschbacher		ADDRESS Sedalia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage- Left Hemiplegia.		ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease. DUE TO (c) Arterio-Sclerosis- Advanced.				One day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senility.				10yrs 10 yrs. Over 10yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical treatment only.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 443 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 **1940**, 19____, to **Dec. 8th**, 1952, that I last saw the deceased alive on **Dec. 8th**, 1952, and that death occurred at **10:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D.		23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED 12-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 10-1952		24c. NAME OF CEMETERY OR CREMATORY St. Peters & Sedalia Cem.	
24d. LOCATION (City, town, or county) (State) Sedalia, Mo		24e. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros Sedalia			

DATE REC'D BY LOCAL REG. 12-10-52		REGISTRAR'S SIGNATURE W. G. Campbell		FUNDING AGENCY McLaughlin Bros Sedalia	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1904

MAR 18 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 _____

James R. Ashen

Student Embalmer No. 477

working under my personal supervision.

Student *James R. Ashen*
Student Embalmer

Signed *Philip M. Laughlin*

Licensed Embalmer No. 3729

P. O. Address Sedalia, 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.