

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39764

FILED DEC 3 1952

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 135

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hammanville</u>	c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flemingham Rural-Tyler T.S. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Summit Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10 miles N.E. Flemingham</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Etolia</u>	b. (Middle) <u>Barbra</u>	c. (Last) <u>Eskeu</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 13-1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Hennitage, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Rash Blackman</u>	14. NAME OF HUSBAND OR WIFE <u>John Eskeu</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dona Berg Flemingham, Mo</u>	ADDRESS <u>Flemingham, Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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>Fracture Left Femur Intertronscler</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from September 19, 1952, to 11-22, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. B. Robinson</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Hannonsville, Mo.</u>	23c. DATE SIGNED <u>11/22/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Layman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elkhart, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 24, 1952</u>	REGISTRAR'S SIGNATURE <u>Ralph Darden</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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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 Chas Gilbert Fithaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.