

Lamb  
No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44677**

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>	
c. LENGTH OF STAY (in this place) <b>6 Months</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>		e. STREET ADDRESS <b>X</b>	

3. NAME OF DECEASED a. (First) <b>Eva</b> b. (Middle) <b>Lillian</b> c. (Last) <b>Fleischhauer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 16, 1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Dover, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Eason</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Perry</b>		14. NAME OF HUSBAND OR WIFE <b>Alfred Fleischhauer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alfred Fleischhauer Hayti, Mo.</b>	

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			INTERVAL BETWEEN ONSET AND DEATH <b>2 PM</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA PANCREAS</b>			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157X</b>								

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) (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 10 Dec, 1952, to 12 Dec, 1952, that I last saw the deceased alive on 12 Dec, 1952, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. L. Taylor</b>		23b. ADDRESS <b>Hayti Mo.</b>		23c. DATE SIGNED <b>20 Dec 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>E. Woodlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Hayti, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>1-8-53</b>		REGISTRAR'S SIGNATURE <b>John St. Germain</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jimmy Osburn Funeral Home Wardell, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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1-0-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 9 1953

JAN 9 AM

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Wardell, 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.