

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 820

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 53-9

200  
0

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - Pilgrim Twp</b>		d. STREET ADDRESS (If rural, give location) <b>8 miles East of Greenfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lockwood Memorial Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>8 miles East of Greenfield</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVA</b> b. (Middle) <b>Theodora</b> c. (Last) <b>EISERT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 21 - 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 15, 1865</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Days <b>7</b> IF UNDER 4 Hrs. Mins. <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>W M Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Horner</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Eisert</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Helen Pettit Buckling, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b> DUE TO (c) <b>331X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>  <b>?</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)	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 <b>1-16</b> , 19 <b>53</b> , to <b>1-21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1-20</b> , 19 <b>53</b> , and that death occurred at <b>8:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Lee A. McNeel, M.D.</b>			23b. ADDRESS <b>Greenfield, Mo</b>		23c. DATE SIGNED <b>1-24-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 24-53</b>	REGISTRAR'S SIGNATURE <b>J. C. Canada</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Canada Greenfield, Mo</b>		

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

*J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Me*

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.