

FILED APR 15 1953
 BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH
 a. COUNTY **JASPER**
 b. CITY (If outside corporate limits, write RURAL and give township) **Joplin**
 c. LENGTH OF STAY (In this place) **23 DAYS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St Johns Hospital**

2. USUAL RESIDENCE (Where deceased lived? If institution, give name of institution before admission)
 a. STATE **MISSOURI** b. COUNTY **JASPER**
 c. CITY (If outside corporate limits, write RURAL and give township) **Joplin**
 d. STREET ADDRESS (If rural, give location) **1810 BYERS**

3. NAME OF DECEASED (Type or Print)
 a. (First) **MYRTLE** b. (Middle) **EISENHUTH.** c. (Last)
 4. DATE OF DEATH (Month) (Day) (Year) **4-3-53**

5. SEX **FEMALE** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED**
 8. DATE OF BIRTH **3/1/1897** 9. AGE (In years last birthday) **56**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and State or Foreign Country) **SPHENING MICH.**
 12. CITIZEN OF WHAT COUNTRY **USA.**

13a. FATHER'S NAME **N.D. GODDAN** 13b. MOTHER'S MAIDEN NAME **LOUISA BOSELY** 14. NAME OF HUSBAND OR WIFE
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give year or dates of service)
 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Secondary carcinoma of lung**
 ANTECEDENT CAUSES
 DUE TO (b) **Carcinoma of breast**
 DUE TO (c) **Generalized arteriosclerosis**
 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 **170X** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 19 52**, to **4-3 19 53** that I last saw the deceased alive on **4-2 19 53**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert E. Meinhart M.D.** 23b. ADDRESS **410 Jackson, Joplin, Mo.** 23c. DATE SIGNED **4-3-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **4/6/53** 24c. NAME OF CEMETERY OR CREMATORY **MT HOPE** 24d. LOCATION (City, town, or county) (State) **Webb City Mo**

DATE REC'D BY LOCAL REG. **4-6-53** REGISTRAR'S SIGNATURE **Edw. J. James** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **FORLUBT GLOVER MORT.**

(Licensed Embalmer's Statement on Reverse Side)

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

495
 0

422 SGT

RECEIVED 4-13-53
Jasper County Health Office

County File Number 53/4/324

Date Filed 4-14-53

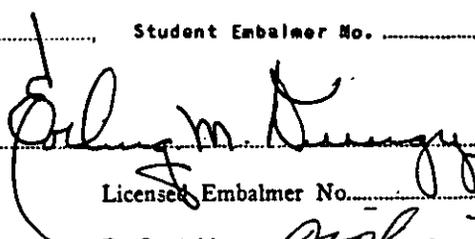
STATEMENT BY LICENSED EMBALMER

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 E.

Signed  _____

Licensed Embalmer No. 3566

P. O. Address Jasper 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.