

No. 300  
10.48

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10865

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1600 South Kentucky</b>		d. STREET ADDRESS (If rural, give location) <b>1600 South Kentucky</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZA</b> b. (Middle) _____ c. (Last) <b>HIRSCHFELDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 20, 1864</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Days <b>8</b> Hours <b>20</b> Min. _____	
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>*****</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson County, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Alfred Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Eudicia Harness</b>		14. NAME OF HUSBAND OR WIFE <b>Alex Hirschfeldt</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS <b>Mrs. Lela Williams, 1600 S. Kentucky Sedalia, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		DUPLICATE (b) <b>Coronary sclerosis</b>				DUPLICATE (c) <b>arteriosclerosis</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>senility, hypertension</b>						<b>2 years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		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 3/16, 1951, to 3/20, 1953, that I last saw the deceased alive on 3/18, 1953, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Saunders D.O.</b>		23b. ADDRESS <b>Sedalia, Mo.</b>		23c. DATE SIGNED <b>3/21/53</b>	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/23/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>3/23/53</b>		REGISTRAR'S SIGNATURE <b>A. G. Campbell M.D.</b>		FEDERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>		ADDRESS <b>Sedalia, Mo.</b>	
---	--	--	--	---	--	-----------------------------	--

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

**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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

**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.