

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**32115**

State File No. \_\_\_\_\_

300  
48

**FILED OCT 7 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 9568 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>OLATHE</del> <u>Independence</u>	c. LENGTH OF STAY (In this place) <u>10 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLA THE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 4, Independence, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>230 North Perry Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>ALVA</u>	c. (Last) <u>EISENMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 26, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 5, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work depending on working life span if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>STANLEY, KANSAS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>GEORGE HENRY EISENMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE NEWTON</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE EISENMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. OLIVE MCPHEETERS, r4, Independence, MO.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> <u>2 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure</u> DUE TO (c) <u>Worsening of disease</u>		
	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	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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE (Degree of title) <u>Dr. Chas. F. McPeters, D.O.</u>	23b. ADDRESS <u>114th St, Independence, Mo.</u>	23c. DATE SIGNED <u>9-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLA THE CEMETERY</u>	24d. LOCATION (City, town, or county) <u>OLA THE KANSAS.</u>
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DATE REC'D BY LOCAL REG. <u>9-26-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	554	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Frye &amp; Son</u>	ADDRESS <u>Olathe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Maatm W Faye*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Maatm W Faye*

Licensed Embalmer No. *3615*

P. O. Address *W. the Kansas*

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.