

FILED JAN 10 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 40381

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5243</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL CHARITON</u>		c. LENGTH OF STAY (In this place) <u>77 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CHARITON</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi S.W. Forest Green Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi S.W. Forest Green</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 28, 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ROHWER</u>		c. (Last) <u>EASTERHAUS</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 27, 1877</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Home</u>		11. BIRTHPLACE (State or foreign country) <u>Forest Green Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JACOB ROHWER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE GESSLING</u>		14. NAME OF HUSBAND OR WIFE <u>FRED EASTERHAUS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Easterhaus</u> ADDRESS <u>Forest Green</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma fundus urinary bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>5 yr.</u>	
19a. DATE OF OPERATION <u>1-31-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma fundus urinary bladder 181 X</u>				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 <u>Jan</u> , 19 <u>50</u> , to <u>Dec. 28, 1954</u> , that I last saw the deceased alive on <u>12-26-1954</u> , and that death occurred at <u>2<sup>nd</sup> A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Gardner M.D.</u> (Degree or title)				23b. ADDRESS <u>Glasgow Mo.</u>		23c. DATE SIGNED <u>12-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (By who?) <u>Burial</u>		24b. DATE <u>Dec 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Forest Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-4-55</u>		REGISTRAR'S SIGNATURE <u>L. H. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Audley-Frimonth</u> ADDRESS <u>Glasgow Mo</u>			

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. H. Fremont*

Signed.....

Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.