

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8542

State File No.

FILED APR 12 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin Mo.		c. LENGTH OF STAY (in this place) 15 Days	c. CITY OR TOWN Webb City Mo. d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		STREET ADDRESS (If rural, give location) 313 S. Main St. Webb City mo	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Eshom		4. DATE OF DEATH (Month) (Day) (Year) Apr. 6 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26, 1878
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Nortonville, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert J. Eshom		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ruth Eshom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-24-1447	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Eshom Webb City, Mo.
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) Ruptured colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent abd-perineal resection DUE TO (c) Ca of rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolus of left colic artery	
INTERVAL BETWEEN ONSET AND DEATH 4 days		INTERVAL BETWEEN ONSET AND DEATH 8 days	
INTERVAL BETWEEN ONSET AND DEATH 4 months ?		INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION 3-27-55	19b. MAJOR FINDINGS OF OPERATION Ca of rectum, mod. advanced		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 3-21-55 , 19___, to 4-6 , 19___, that I last saw the deceased alive on 4-6 , 1955, and that death occurred at 1:35 A m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D. U	23b. ADDRESS Frisco Bldg. Joplin Mo.
23c. DATE SIGNED 4-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville Mo
DATE REC'D BY LOCAL REG. 4-9-55	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnee-Simpson Mortuary	

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

County File Number 55-4-240
Date Filed APR 11 1955

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.....
Signature of Student Embalmer

Signed *Henry E. Ames*

Licensed Embalmer No. 446

P. O. Address *New City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.