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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8732**

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **497**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Brookfield		c. CITY OR TOWN Brookfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 mos		f. STREET ADDRESS (If rural, give location) 102 W. North St 0582	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carew Convalescent Home			

3. NAME OF DECEASED (Type or Print) a. (First) LISSIE b. (Middle) ELIZABETH c. (Last) EICHMAN			4. DATE OF DEATH (Month) (Day) (Year) 3-29-55		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-12-1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. R. Foster	13b. MOTHER'S MAIDEN NAME Cassandra Wright	14. NAME OF HUSBAND OR WIFE Lewis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Mathes, Brookfield Mo	ADDRESS Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure.		INTERVAL BETWEEN ONSET AND DEATH 10 days.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis heart disease.			10 years.
	DUE TO (c) Generalized arteriosclerosis.			20 years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.				

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) Brookfield Linn Mo
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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? 4200
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22. I hereby certify that I attended the deceased from **10:54**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____ from the causes and on the date stated above.

23a. SIGNATURE H. W. Johnson	(Degree or title) Dr.	23b. ADDRESS Brookfield Mo.	23c. DATE SIGNED 3-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-1-55	24c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery	24d. LOCATION (City, town, or county) (State) Laclede Missouri
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DATE REC'D BY LOCAL REG. 4-4-55	REGISTRAR'S SIGNATURE Nadine Stambach	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Mathes	ADDRESS Laclede, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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..... *H. R. Wright*

Licensed Embalmer No. *465*

P. O. Address *Faded*

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.