

FILED APR 6 1955

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

10728

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6162</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before ad- mission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Twp</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North 1040</u>		d. STREET ADDRESS (If rural, give location) <u>Malena mo 07-3 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>H</u> c. (Last) <u>Eisenhauer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23-1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 28-1875</u>	
9. AGE (In years last birthday) <u>79-4-27</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>79-4-27</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Leafe Eisenhauer</u>			13b. MOTHER'S MAIDEN NAME <u>Lidia</u>		14. NAME OF HUSBAND OR WIFE <u>Lattie Eisenhauer - dead</u>		
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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES					1-2 hrs
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____		DUE TO (c) _____					
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"/>
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>2-24, 1955</u> to <u>3/24, 1955</u> , that I last saw the deceased alive on <u>2/24, 1955</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.P. Latta MD</u> (Degree or title)			23b. ADDRESS <u>North Spring mo</u>		23c. DATE SIGNED <u>3/25/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhauer</u>		24d. LOCATION (City, town, or county) (State) <u>Stone Co. Mo</u>	
DATE REC'D BY LOCAL REG <u>Apr. 24-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brown</u> <u>317-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest J. Cheatham - Malena mo</u>		ADDRESS	

Dr. Lena Murray (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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Elliott J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *Salina Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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