

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28704

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6168</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Rural "Lincoln"</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural R#1 Crane</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____ <u>1040</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Conrad</u> b. (Middle) <u>R</u> c. (Last) <u>Eisenhower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 3 - 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>18</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parrotville Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		14. NAME OF HUSBAND OR WIFE _____		
13a. FATHER'S NAME <u>Jacob Eisenhower</u>			13b. MOTHER'S MAIDEN NAME <u>Urbenan</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Eisenhower</u> ADDRESS <u>Crane Mo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiovascular renal disease</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiovascular renal disease</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES 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 contributing to the death but not related to the disease or condition causing death. <u>Cerebral apoplexy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. HOW DID INJURY OCCUR? _____			
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June, 1955</u> , to <u>Aug 21, 1955</u> , that I last saw the deceased alive on <u>Aug 20, 1955</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred L. Womack, M.D.</u>				23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>8-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. Elmer Bussard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Monahan</u> ADDRESS <u>Crane Mo</u>			

pu Lisa Murray (Licensed Embalmer's Statement on Reverse Side)

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

