

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32810**

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 905-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>	c. LENGTH OF STAY (in this place) (to nearest 1/2 hr) <u>2 1/2 hrs</u>	c. CITY OR TOWN <u>Buffalo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Splfld. Baptist Hosp</u>		f. STREET ADDRESS (If rural, give location) <u>Rural Route 2 Box 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Eisman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-17-1939</u>
9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Buffalo High School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Eisman</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Warren</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Eisman</u> ADDRESS <u>Buffalo, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage Traumatic</u>	INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES	DUE TO (b) <u>cerebral contusion</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto Accident on Hy. #65, one mile North of Buffalo, Mo.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Auto Accident on Hy. #65, one mile North of Buffalo, Mo.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 mile N of Buffalo, Mo. Hy. #65</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>03 (COUNTY) (STATE) Dallas Co, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-13-55</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two car. One car side swiped the other</u>

22. I hereby certify that I attended the deceased from 10-14-55 to 10-14, 1955, that I last saw the deceased alive on 10-14, 1955, and that death occurred at 12:25 PM from the causes and on the 10-15-55

23a. SIGNATURE <u>John A. K. Haug</u> (Degree or title) _____	23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	23c. DATE SIGNED <u>11-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkdown Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>	DATE REC'D BY LOCAL REG. <u>11-2-55</u>
REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>	

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.....
Signature of Student Embalmer

Signed *William B. Central*.....

Licensed Embalmer No. *487*.....

P. O. Address *Duffer*.....

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.