

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028798

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 855

S. 300
v. 1-57

Color, cancer, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 03960		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Length of stay in 1b		d. STREET ADDRESS 627 E. Dale St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CHARLEY B. ESHELMAN				First Middle Last		4. DATE OF DEATH August 31, 1958		Month Day Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7 April 1904		9. AGE (In years Last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman			10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Eshelman			13b. MOTHER'S MAIDEN NAME Laura Duncan			14. NAME OF HUSBAND OR WIFE Pearl Eshelman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 383-14-5881		17. INFORMANT Hospital Records				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Liver (metastatic)							INTERVAL BETWEEN ONSET AND DEATH 2 mo		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Carcinoma Transverse Colon							?		
DUE TO (c) 1531									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7-18-58 , to 8-31-58 and last saw xx him alive on 8-30-58 Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS 1630 N. Jefferson Springfield, Missouri			22c. DATE SIGNED 9-1-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		9-2-58		Eastlawn		Springfield, Mo.			
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Spgrd. Mo.			25. DATE RECD. BY LOCAL REG. 9-4-58		26. EMBALMER'S SIGNATURE <i>[Signature]</i>				

