

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045052

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 255

Primary Registration District No. 4387

Registrar's No. 1

300
1-57

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI		b. COUNTY OREGON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alton		c. CITY OR TOWN ALTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Enroute		d. STREET ADDRESS (If outside, give location)	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First RICHARD	Middle LEE	Last EISENZIMMER	Month 12	Day 28	Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1941		9. AGE (In years last birthday) 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) BANCROFT, MICHIGAN	
13a. FATHER'S NAME JOHN EISENZIMMER			13b. MOTHER'S MAIDEN NAME IRENE		14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT DAN ROSS	
				Address ALTON, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injuries by Car overturning on Hwy 19		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) at Alton, Missouri.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		
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"/>		2

20a. ACCIDENT <input checked="" 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 10:10 a.m. p.m. Month, Day, Year 12-29-1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION ALTON	
		COUNTY OREGON	
		STATE MO	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Lee D. Martin		(Degree or title) Coroner		22b. ADDRESS Thayer, Missouri		22c. DATE SIGNED 1-1-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/30/1958		23c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) OREGON COUNTY MO	
24. FUNERAL DIRECTOR John A. Clark		ADDRESS Alton MO		25. DATE RECD. BY LOCAL REG. 1/5/59		26. REGISTRAR'S SIGNATURE Wm W Johnson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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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 *John A. Clark*

Licensed Embalmer No. *14475*

P. O. Address *Box 398 Alto*

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.