

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000538  
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 56 Primary Registration District No. 4080 Registrar's No. 2

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Carroll</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Norborne</b>               |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Norborne</b><br>0170                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>North Walnut</b> |  | Length of stay in 1b<br><b>40 yrs</b>   | d. STREET ADDRESS (If outside, give location)<br><b>North Walnut</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Carl</b> Middle <b>Eschenbach</b> Last <b>Eschenbach</b> |  |  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>31</b> Year <b>1959</b> |  |  |
|---|--|--|---|--|--|

|                    |                               |   |  |   |                                     |   |
|--------------------|-------------------------------|---|--|---|-------------------------------------|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>August 24, 1907</b> | 9. AGE (In years last birthday) <b>51</b> | IF UNDER 1 YEAR<br>Months <b>51</b> | IF UNDER 24 HRS.<br>Days <b>51</b> Hours <b>51</b> Min. <b>51</b> |
|--------------------|-------------------------------|---|--|---|-------------------------------------|---|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm</b> | 11. BIRTHPLACE (City and state or country)<br><b>Norborne, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|---|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>Fritz Eschenbach</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sophia Kugler</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|---|---|--|

|  |   |   |
|--|---|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>491-20-5158</b> | 17. INFORMANT Address<br><b>Hans Eschenbach Norborne, Mo.</b> |
|--|---|---|

|   |                  |  |
|---|------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>transitory thrombosis</b> |                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Instant</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) _____ |  |
|   | DUE TO (c) _____ |  |

|  |  |   |
|--|--|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b> |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY _____ STATE _____ |
|---|--|--|--|

|   |
|---|
| 21. I attended the deceased from <b>1-31-59</b> to <b>1-31-59</b> and last saw him alive on _____<br>Death occurred at <b>10:00 AM (APA)</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

|  |   |                                    |
|--|---|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>R.M. Marsden, Coronator</b> | 22b. ADDRESS<br><b>Carrollton, Missouri</b> | 22c. DATE SIGNED<br><b>1/31/59</b> |
|--|---|------------------------------------|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Feb. 2, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairhaven Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Norborne, Missouri</b> |
|--|----------------------------------|---|--|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Deitch Funeral Home Norborne, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Feb. 2, 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Eileen Tenniston</b> |
|--|---|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, Laborer, etc. must use only standard embalmers' certificates. All diseases in Part I must be causally related.

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 *Ben W. Gibson* .....

Licensed Embalmer No. *2961* .....  
P. O. Address *Carrollton, Va.* .....

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.