

MAR 9 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 223

300
1-57

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 6376		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RUFFIN REST HOME			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 608 S. JEFFERSON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last LULU K. ESLINGER				4. DATE OF DEATH Month Day Year MARCH 1 1959					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 26 1876		9. AGE (In years, ^{last birthday}) 82		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NEW LEBANON, INDIANA		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME ROBERT F. KNOTTS			13b. MOTHER'S MAIDEN NAME ELIZABETH DODDS			14. NAME OF HUSBAND OR WIFE SAM ESLINGER (DEC.)			
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. NO		17. INFORMANT Address MRS. KATHERINE KEENE, TUSCON, ARIZ.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ 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) _____							INTERVAL BETWEEN ONSET AND DEATH 30 days		
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.) 4222						
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 2,7,1959 to 3,1,1959 and last saw her alive on 3,1,1959 Death occurred at 3:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Dr. Musick</i>				22b. ADDRESS Springfield, Mo.				22c. DATE SIGNED 3,2,59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/3/59		23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.			
24. FUNERAL DIRECTOR H.H. LOHMEYER				ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 3-2-59		26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. M. O.*

Licensed Embalmer No. 2787
P. O. Address *St. Louis*

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.