

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013739

STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY OR TOWN <i>Joplin</i> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Joplin</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hosp.</i>		Length of stay in lb <i>11 Weeks</i>	
d. STREET ADDRESS <i>117 Pearl</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Walter</i> Last <i>Eisold</i>			4. DATE OF DEATH <i>March 29-1959</i> Month Day Year		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>October 10-1888</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>19</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter & Decorator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Interior</i>	11. BIRTHPLACE (City and state or country) <i>Stolpen, Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>Naturalized U.S.</i>
13a. FATHER'S NAME <i>Robert Eisold</i>		13b. MOTHER'S MAIDEN NAME <i>Marie (Unknown)</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>411-18-1033</i>	17. INFORMANT Address <i>Alta Hoag 115 Pearl Joplin, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 mo.</i>
DUE TO (b) <i>Primary cancer of prostate</i> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 _____ 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 COUNTY STATE
21. I attended the deceased from <i>May 1958</i> to <i>March 29, 59</i> and last saw him alive on <i>March 29, 59</i> Death occurred at <i>11:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Daniel R. Patterson, MD</i> (Degree or title)	22b. ADDRESS <i>418 Wall Joplin Mo</i>	22c. DATE SIGNED <i>4-4-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3/29/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Howard Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Goodman Missouri</i>
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24. FUNERAL DIRECTOR <i>Raff Funeral Home Anderson</i> ADDRESS <i>Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>4-7-1959</i>	26. REGISTRAR'S SIGNATURE <i>Worce Merriam</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Carl Papp*

Licensed Embalmer No. *3458*
P. O. Address *Anderson, Mo.*

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.