

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000847

FILED VS JAN 24 1961

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 12

STATE FILE NUMBER

WRITE
STUB

AMENDED

0
59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Montg.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>Rhineland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>OLIVIA - ELIZABETH - EISENRAH</u>			4. DATE OF DEATH Month Day Year <u>1 - 14 - 1961</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-17-1909</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Rhineland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Hagedorn</u>		13b. MOTHER'S MUGEN NAME <u>Hennetta Holsum</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Eisenraah</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Paul Eisenraah - Rhineland, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED PERITONITIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PERFORATED GASTRIC ULCER</u>					<u>5 wks</u>
DUE TO (c) _____					_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year					
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 <u>Rhineland, Mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>12-2-56</u> to <u>1-14-61</u> and last saw her ^{her} alive on <u>1-14-61</u> Death occurred at <u>12:35</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>			22b. ADDRESS <u>HERMANN, MO.</u>		22c. DATE SIGNED <u>1-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-17-61</u>	23c. NAME OF CEMETERY OR-CREMATORY <u>St. Joseph's</u>	23d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>		
24. FUNERAL DIRECTOR <u>Kattmeyer & Co. - Rhineland, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1/15/61</u>	26. REGISTRAR'S SIGNATURE <u>J.P. Sidman</u>	



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

O B Baker

Licensed Embalmer No.

3375

P. O. Address

New Haven

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.