

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 002 Primary Registration District No. 4007 Registrar's No. 53

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lincoln Township</u>		c. CITY OR TOWN <u>RFD # 2, Savannah</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mi. west Savannah</u>		d. STREET ADDRESS (If outside, give location) <u>7 miles west</u>	
3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>Martin</u> Last <u>Eisiminger</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>2-24-73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo.</u>
13a. FATHER'S NAME <u>Jacob Eisiminger</u>		13b. MOTHER'S MAIDEN NAME <u>May Jane Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Ida M. Eisiminger</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>		17. INFORMANT Address <u>Ida M. Eisiminger, RFD 2, Savannah</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>Cerebral Hemorrhage</u> <u>Blow to</u> DUE TO (b) <u>Left frontal bone of skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>fall, striking head</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral arteriosclerosis</u>			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>Due to cerebral arterio-spasm, patient</u>	
20c. TIME OF INJURY Hour <u>8:00</u> Month, Day, Year <u>Oct. 4 '61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>RFD #2, Savannah, Andrew, Mo.</u>	
21. I attended the deceased from <u>Feb. 25, 1953</u> to <u>Oct. 12, 1961</u> and last saw him alive on <u>Oct. 6, 1961</u> Death occurred at <u>2:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. J. Maxwell, D.O.</u>		22b. ADDRESS <u>307 W. Main, Savannah, Mo</u>	22c. DATE SIGNED <u>10/13/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	23d. LOCATION (City, town, or County) (State) <u>Savannah, Missouri</u>
24. FUNERAL DIRECTOR <u>BREIT & HAWKINS SAVANNAH</u>		25. DATE RECD. BY LOCAL REG. <u>10-19-61</u>	26. REGISTRAR'S SIGNATURE <u>L. L. ...</u>

DATE AMENDED

INSTEAD OF

SHOULD READ

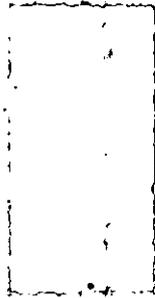
ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 1961



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 James B. Hawken

Licensed Embalmer No. 4536

P. O. Address Severn

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.