

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039675

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 266

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 21 1963

VS 300
Rev. 4/59

DATE AMENDED

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MEDICAL CERTIFICATION

SHOULD READ

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USE BLACK INK OR TYPEWRITER RIBBON

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton | | Length of stay in 1b 10 min. | c. CITY OR TOWN Leesville Twsp |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Clinton RR#2 |
| 3. NAME OF DECEASED (Type or print) First Devon Middle Last Eisel | | 4. DATE OF DEATH Month October Day 15 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct 15, 63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 10 min. |
| 11. BIRTHPLACE (City and state or country) Clinton, Missouri | | 12. CITIZEN OF WHAT COUNTRY U a | |
| 13a. FATHER'S NAME Lewie Eisel | | 13b. MOTHER'S MAIDEN NAME Marion Frances Richmond | 14. NAME OF HUSBAND OR WIFE None |
| 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. None | 17. INFORMANT Lewie Eisel, Leesville, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral atelectasis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity | | | INTERVAL BETWEEN ONSET AND DEATH 10 min. |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 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 10-15-63 to 10-15-63 and last saw ^{her} alive on 10-15-63 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh B. Walker, MD | | 22b. ADDRESS Clinton, Mo | 22c. DATE SIGNED 10-16-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Oct 18, 63 | 23c. NAME OF CEMETERY OR CREMATORY Tebo |
| 23d. LOCATION (City, town, or county) Henry Co, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Consalus Clinton, Mo. | | 25. DATE RECD. BY LOCAL REG. Oct. 18, 1963 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |

(Licensed Embalmer's Statement on Reverse Side)

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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 Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.

Permit Obtained 10-18-68
M-13