

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u> 1025	
c. LENGTH OF STAY (in this place) <u>7 years.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>		b. (Middle) <u>May</u>	
		c. (Last) <u>Eisertz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 2 - 1862</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>5</u> Days	IF UNDER 24 HRS. <u>21</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	10. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Martin Metzger</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Metzger</u>	
		14. NAME OF HUSBAND OR WIFE <u>Francis K. Eisertz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Kirk</u> ADDRESS <u>Shelbyville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4222 F</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of Rt. Femur</u>			<u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 13, 1950</u> , to <u>June 23, 1950</u> , that I last saw the deceased alive on <u>June 23, 1950</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.G. Brewer M.D.</u>		23b. ADDRESS <u>Shelbyville Mo</u>	
		23c. DATE SIGNED <u>6-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>June-27-50</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 3 1950  
District Health Officer No. 10  
District File Number 6-50-1073  
Date Filed .....

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 Myself Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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 this body is not embalmed, fact should be so stated above.