

35877

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5. No. 300
V. 10-48

FILED OCT 22 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 312

0204

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0204</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1503 So Vermont</u>		d. STREET ADDRESS (If rural, give location) <u>1503 So. Vermont</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>George</u> c. (Last) <u>Eschbacher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1952</u>
--	--

5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 11-1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Cole Camp Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Frank Eschbacher</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Esser</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Eschbacher</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>491-07-5203</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie Eschbacher</u>	ADDRESS <u>Sedalia</u>
---	---	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Right Lung.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u> <u>163X</u>		

19a. DATE OF OPERATION <u>?</u>	19b. MAJOR FINDINGS OF OPERATION <u>M.K.T.R.R. Hospital.</u> <u>The above diagnosis was made at Parsons, Kansas.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>	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) (Min.) <u>None.</u>	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 July 10th, 1952, to October 6th, 1952 that I last saw the deceased alive on Oct. 5th, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>10-7-52</u>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia MO</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-8-52</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
--	---	--	---------------------------

251-0

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1952

OCT 18 1954

OCT 22 1952

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 _____

James R. Astren

Student Embalmer No. *477*

working under my personal supervision.

Student

James R. Astren
Student Embalmer

Signed

~~Philip M. McLaughlin~~
Philip M. McLaughlin

Licensed Embalmer No. *3729*

P. O. Address

Salado, 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.