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FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3665

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>MILO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 WEEKS</u>		e. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPT</u>			
3. NAME OF DECEASED a. (First) <u>JOSEPH</u>		b. (Middle) <u>BRASHEAR</u>	
		c. (Last) <u>EISENHOWER</u>	
4. DATE OF DEATH <u>JAN 3 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 3. 1882</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BARTON, MO. MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>PAUL EISENHOWER</u>		13b. MOTHER'S MAIDEN NAME <u>Own farm unknown</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE E. HALL</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'S SIGNATURE OR NAME <u>Jessamine Schults Milo Mo.</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>12-22, 1954</u> , to <u>1-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>55</u> , and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. C. Morris, M.D.</u> (Degree or title)		23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>1-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JAMES</u>	24d. LOCATION (City, town, or county) (State) <u>BARTON CO. MO</u>
DATE REC'D BY LOCAL REG. <u>1-8-1955</u>	REGISTRAR'S SIGNATURE <u>Uma S. Furtick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Bernard Bury Sheldon, Mo</u> ADDRESS _____	

(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 *S. Bernard Beery*

Licensed Embalmer No. *416*

P. O. Address *Sheldon*

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.