

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44736**

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

FILED DEC 17 1956

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>145</u>		
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give town) Warrensburg		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Madison Twp.		d. STREET ADDRESS (If rural, give location) Holden, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson County Home				d. STREET ADDRESS (If rural, give location) Holden, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle) Gehrer		c. (Last) Eissler		4. DATE OF DEATH Dec. 8, 1956 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH July 9, 1886	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Wurtzburg, Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE August Eissler, divorced				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Otto Eissler, Kingsville, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac thrombosis				DUPLICATE OF (a) Cardiac thrombosis				
ANTECEDENT CAUSES				DUE TO (b) Diagnosis from history given				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Death before I arrived				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				420.1				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4p m., from the causes and on the date stated above.								
23a. SIGNATURE Wm. M. Patterson M.D. (Degree or title)				23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 10 Dec 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Gilbert Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Mo.			
DATE REC'D BY LOCAL REG. Dec. 11, 1956		REGISTRAR'S SIGNATURE Savannah Critchfield		25. FUNERAL DIRECTOR'S SIGNATURE E B CAST ADDRESS HOLDEN MO				

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
Student Embalmer

Signed EB Cant

Licensed Embalmer No. 4059

P. O. Address Holden, 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.