

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-188791

STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 68

300
1-57

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARDIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HARDIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 60 yo.	089 th STREET ADDRESS (If outside, give location) o
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LAURA Middle REBECCA Last ESLINGER			4. DATE OF DEATH Month MAY Day 9 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 13, 1878	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Carroll Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JAMES L. NICHOLS	13b. MOTHER'S MAIDEN NAME NANCY E. SHELBY	14. NAME OF HUSBAND OR WIFE Wm ESLINGER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Wm ESLINGER -	Address HARDIN, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accident.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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
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21. I attended the deceased from **12-15-58**, to **5-9-59** and last saw ^{her}/_{him} alive on **5-8-59**
Death occurred at **4:00** p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas B. Cook M.D.	22b. ADDRESS Richmond Mo.	22c. DATE SIGNED 5/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-59	23c. NAME OF CEMETERY OR CREMATORY HARDIN CEM.	23d. LOCATION (City, town, or county) (State) HARDIN Mo.
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24. FUNERAL DIRECTOR Kniepichny Borchert Inc - Hardin, Mo.	ADDRESS Hardin, Mo.	25. DATE RECD. BY LOCAL REG. 5-13-1959	26. REGISTRAR'S SIGNATURE Mabel Jackson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Vertical text on the left margin: "All diseases in Part I must be causally related." and "Specimen container, etc., must bear only standard manufacturer's marking. No symptoms with ob. tissue."

Ver. 134

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
August Borcharding

Licensed Embalmer No. *4478*
P. O. Address. *Harding, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.