S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37897

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 448

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 904 So Ohio
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 904 So Ohio 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Earl Eakins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Eakins
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 14 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	11	hr. min.

9. Birthplace Windsor (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Trucking
11. Industry or business Self
FATHER
12. Name Lewis Eakins
13. Birthplace Greenville (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Alice Crumrine
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Ollie Eakins
(b) Address 904 So Ohio
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address 519 So Ohio Sedalia Mo.
19. (a) 11-26-46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1946 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-6, 1946, to 11-25, 1946 that I last saw him alive on 11-25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 hrs
Due to Hypertension Obesity	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 A
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address Sedalia, Mo. Date signed 11-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8
District File Number
Date Filed 12-11-46

DEC 12 1946

SEP 19 1947

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed K P McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.