No. 300
10.48

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4450

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 542u Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb
c. LENGTH OF STAY (in this place): 25 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb
d. STREET ADDRESS (If rural, give location): Route I.

35 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): DANIAL
b. (Middle): FLEMON
c. (Last): ESKEW

4. DATE OF DEATH (Month) (Day) (Year): 2-24-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-7-1880
9. AGE (In years last birthday): 68 — If under 1 year: Months: 7 Days: 17 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Logan Co. KY
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: Samuel Eskew
13b. MOTHER'S MAIDEN NAME: Martha Ellen Bostic
14. NAME OF HUSBAND OR WIFE: Lillie Eskew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: x Willie F. Eskew Holcomb Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Age

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 ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2/19, 1949, *to* 2/23, 1949, *that I last saw the deceased alive on* 2/23, 1949, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. McGuire M.D.
23b. ADDRESS: Piggott Ark
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-26-1949
24c. NAME OF CEMETERY OR CREMATORY: Piggott Cemetery
24d. LOCATION (City, town, or county) (State): Piggott, Ark.

DATE REC'D BY LOCAL REG.: March-3, 49
REGISTRAR'S SIGNATURE: J. A. Anderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Floyd Russell

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 347 34
Date Filed 3-7-49

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Floyd Russell

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott Ark.

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.