

FILED JUL 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22710

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5143 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo. R. 3.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Twp - Route 3		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Mamie L.	b. (Middle) Laorisia	c. (Last) Eason,	4. DATE OF DEATH (Month) (Day) (Year) July 4, 1949
-------------------------------------	----------------------------	-----------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 24 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 Farming	11. BIRTHPLACE (State or foreign country) McLeansboro, Ill.	12. CITIZEN OF WHAT COUNTRY? U. S.
---	---	---	--

13a. FATHER'S NAME Erastus M. Metcalf	13b. MOTHER'S MAIDEN NAME Margarette Coker	14. NAME OF HUSBAND OR WIFE Albert E. Eason,
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Albert E. Eason, Poplar Bluff,	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, asphyxia, 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) Coronary heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42a)

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **1-11**, 19**75**, to **7-4**, 19**49**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. H. Johnson M.D.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 7-11-49
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 6.49	24c. NAME OF CEMETERY OR CREMATORY Harper Cem. Aid. Co.	24d. LOCATION (City, town, or county) (State) Aid, Mo.
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. July 13 1949	REGISTRAR'S SIGNATURE Thos. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service, Dexter	ADDRESS
---	--	-----	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

200

JUL 18 REC'D

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

749-192

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 Brentleyger

Licensed Embalmer No. 7201

P. O. Address Dexter 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.