

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33156**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>393</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED a. (First) <u>Raymond</u> (Type or Print)			b. (Middle) <u>Thomas</u>		c. (Last) <u>Eaker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 31, 1907</u>		9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ford Motor Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor</u>			11. BIRTHPLACE (State or foreign country) <u>Zalma, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Marsellis Eaker</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Jane Gaither</u>			14. NAME OF HUSBAND OR WIFE <u>Melba Eaker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-12-4284</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melba Eaker</u> ADDRESS <u>Piedmont, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral nephrosclerosis</u> <u>acute nephrosis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral nephrosclerosis</u> <u>acute nephrosis</u></p>						INTERVAL BETWEEN ONSET AND DEATH <u>591X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <u>10/20/1949</u> to <u>10/23/1949</u> , that I last saw the deceased alive on <u>10/23, 1949</u> , and that death occurred at <u>11:55</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Gardner Oldenwickson</u>				23b. ADDRESS <u>Poplar Bluff, Mo</u>			23c. DATE SIGNED <u>10/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 26 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Gish</u> ADDRESS <u>Piedmont, Mo</u>			

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

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BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

MAR 20 1963

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.

Signed _____

Roman W. Gish

Licensed Embalmer No. 3387

Signed _____
Student Embalmer

P. O. Address Pidment 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.