

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32861

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>CAPE GIRARDEAU</b>		
b. CITY OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 yrs</b>	c. CITY OR TOWN <b>CAPE GIRARDEAU</b>		0164
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>1340 N. MAIN ST.</b>		
3. NAME OF DECEASED (Type or Print) <b>Joseph</b>		a. (First) <b>Joseph</b>	b. (Middle) <b>Curtis</b>	c. (Last) <b>EAKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 28 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. W. L. L. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Whitewater Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Eakins</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Dale Eakins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-09-3834</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dora Dale Eakins</b>		
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) <b>By firing a shot from a 22 Rem. through his mouth into his brain causing his death.</b> ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>_____</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3971-X</b>
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) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1340 N. Main St.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau Mo Cape Girardeau Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 28 50 A 4:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>By Rifle shot around</b>			
22. I hereby certify that I attended the deceased from _____ 19 to _____ 19, 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 <b>E. P. Erickson</b>		3 (Degree or title)	23b. ADDRESS <b>Corner 4th &amp; Pacific St. Cape Girardeau Mo</b>		23c. DATE SIGNED <b>Oct 28 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 30 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hobbs Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-30-1950</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		44	25. FUNERAL DIRECTOR'S SIGNATURE <b>Laura Young</b>	
ADDRESS <b>FORD-YOUNG FUNERAL HOME, Inc.</b>					

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

RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

NOV 10 1950

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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 *Lewell Green Jr*  
Licensed Embalmer No. *4756*

P. O. Address *Cape Girardeau, 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.