

STANDARD CERTIFICATE OF DEATH

State File No. **3832**

FILED MAR 10 1952 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Brashear	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lela	b. (Middle) Mitten	c. (Last) Eagen	Feb. 27 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Adair County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Mitten	13b. MOTHER'S MAIDEN NAME Tacy Dunham	14. NAME OF HUSBAND OR WIFE Bernard M. Eagen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bernard M. Eagen ADDRESS Brashear Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left-Cerebrovascular accident		
ANTECEDENT CAUSES		DUE TO (b) Hypertensive cardio vascular disease Yes.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chr. nephritis Yes.	
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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/23 1952 to 2/27 1952 , that I last saw the deceased alive on 2/27 1952 , and that death occurred at 6:08 A.M. , from the causes and on the date stated above.		

23a. SIGNATURE Wm McClure (Name or title)	23b. ADDRESS Kirksville Mo	23c. DATE SIGNED 2/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/29 1952	24c. NAME OF CEMETERY OR CREMATORY St. Mary
		24d. LOCATION (City, town, or county) (State) Adair Missouri

DATE REC'D BY METAL REG. 2-29-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Lea Hensley ADDRESS Mo.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Geo. B. Easley, Jr.

Signed
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Thirlaud 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.