S. No. 300
Rev. 10.48

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FILED JAN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41662

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 580

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Poplar Bluff~~, Mo. 454 Hill Twp.
c. LENGTH OF STAY (In this place):
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: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0120 3
d. STREET ADDRESS (If rural, give location): Route # 5 Hwy # 53

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Leroy
c. (Last): Eason

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1952

5. SEX: Male U
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married D
8. DATE OF BIRTH: Aug. 2, 1929
9. AGE (In years last birthday): 23 — If under 1 year: Months 4, Days 17 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parts Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Kinders Motor
11. BIRTHPLACE (State or foreign country): Poplar Bluff, Mo. D
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Albert A. Eason
13b. MOTHER'S MAIDEN NAME: Lena Aud
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Sept. 8, 1948
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: A. A. Eason — ADDRESS: Poplar Bluff, 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) Asphyxiation due to drowning — 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) Automobile skidding on wet
DUE TO (c) pavement turning over in a

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ditch with water in it

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 68234 32
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ashhill township 012 (COUNTY) Butler (STATE) Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/19-52 8:05 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car skidded and turned over in ditch water

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* 8:05 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grover W. Green Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 12/22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52
24c. NAME OF CEMETERY OR CREMATORY: City Cem.
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: Jan. 5 1953
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 13 1953
BUTLER CO. HEALTH CENTER
FILE No. 153-9

JAN 9 1953

JAN 9 1953

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Poplar Bluff - 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.