

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14873

State File No.

2090

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5111 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY OR TOWN <u>ROYAL-LIBERTY</u> c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>SAME AS #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>		d. STREET ADDRESS (If rural, give location) <u>2090</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>EAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12 1954</u>
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 17, 1871</u>
9. AGE (In years last birthday) <u>83</u>		<u>8</u> MONTHS <u>26</u> DAYS	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ELIC Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Sheridan EAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Jones Tolman</u> ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 Hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage & Myocarditis</u> DUE TO (c) <u>Senility</u>	
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 <u>331X</u>		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) (Min.)	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>Sept 5</u> , 19 <u>49</u> , to <u>13 May</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>13 May</u> , 19 <u>54</u> , and that death occurred at <u>6:45 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Merrill, M.D.</u>		23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>15 May 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore's Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY MO</u>
DATE REC'D BY LOCAL REG <u>MAY 18-54</u>	REGISTRAR'S SIGNATURE <u>William H. Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ward Tutwiler</u>	ADDRESS <u>25-0</u>

(Licensed Embalmers' Statement on Reverse Side)

1901 R. R. M. D. P.

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

A. J. Larberg

Licensed Embalmer No. *3816*

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.