

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20413

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4709

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY X 120	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY OR TOWN Robinson	
c. LENGTH OF STAY (in this place) 29 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 1206 So. Cross	

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) Eunice	c. (Last) Eagleton	4. DATE OF DEATH (Month) (Day) (Year)
				May 26 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 4, 1908	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ben H Parker	13b. MOTHER'S MAIDEN NAME Anne Mcintosh	14. NAME OF HUSBAND OR WIFE Lester
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 333-14-8194	17. INFORMANT'S SIGNATURE OR NAME Lester Eagleton Robinson	ADDRESS See
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) YELLOW ATROPHY OF THE LIVER	INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
	ANTECEDENT CAUSES DUE TO (b) VIRUS HEPATITIS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	8 WEEKS
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 092X
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22. I hereby certify that I attended the deceased from 5/3/54, 19, to 5/26/54, 19, that I last saw the deceased alive on 5/26/54, 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Notkney	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-28-54	24c. NAME OF CEMETERY OR CREMATORY New Cemetery	24d. LOCATION (City, town, or county) (State) Robinson Illinois
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DATE REC'D BY LOCAL REG. MAY 27 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. Buchanan	ADDRESS Funeral Home Robinson Illinois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.