

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Green</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>			b. COUNTY <b>Green</b>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>6 Mths.</b>	c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>650 South Nettleton</b>			e. STREET ADDRESS (If rural, give location) <b>650 S. Nettleton, Springfield, Mo.</b>			0376								
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Martha</b>			b. (Middle) <b>Jane</b>			c. (Last) <b>Eakins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 13, 1865</b>		9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months _____ Days _____	IF BROKEN IN PHS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Jack Kessinger</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Wade</b>			14. NAME OF HUSBAND OR WIFE _____								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nola Forgey Sprigfield, Mo.</b>			ADDRESS <b>650 S. Nettleton</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, asthma, etc. It means the disease, injury, or complication, which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis, Cerebral</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>	19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION <b>332X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>Jan 19</b> , 19 <b>55</b> , to <b>Jan 28</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Jan 27</b> , 19 <b>55</b> and that death occurred at <b>9:30 A. M.</b> , from the causes, and on the date stated above.														
23a. SIGNATURE <b>J. Newton Wakeman M.D.</b>			(Degree or title)			23b. ADDRESS <b>Springfield Mo. 626 Woodruff Bldg</b>			23c. DATE SIGNED <b>1-29-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 30, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prospect Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Christian, Mo.</b>							
DATE REC'D BY LOCAL REG. <b>1-29-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>			ADDRESS <b>Ozark, Mo.</b>						

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1955

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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.....  
Signature of Student Embalmer

Signed..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark*

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.