

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16003**

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **4541** Registrar's No. **15**

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER | |
| b. CITY OR TOWN FOYDLAND | | c. CITY OR TOWN FOYDLAND | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOME | | e. STREET ADDRESS (If rural, give location) 11203 | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) CLAY c. (Last) EAKEN | | | 4. DATE OF DEATH (Month) (Day) (Year) April 16 1957 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH MAY 22, 1881 | 9. AGE (In years last birthday) 75 | 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 _____ | 11. BIRTHPLACE (City and State or Foreign Country) Webster County MO. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME MONYOE WILLIAMS | 13b. MOTHER'S MAIDEN NAME OSBORN | 14. NAME OF HUSBAND OR WIFE SAMUEL EAKEN |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Ralph Eaken Fordland, Missouri |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION No operation. | 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) 443x |
| 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? _____ |

22. I hereby certify that I attended the deceased from **July 10, 1948**, to **April 16, 1957**, that I last saw the deceased alive on **April 14, 1957**, and that death occurred at **6:50 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) A.R. Sabatky M.D. | 23b. ADDRESS Fordland, Mo. | 23c. DATE SIGNED 4/17/57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE April 18, 1957 | 24c. NAME OF CEMETERY OR CREMATORY FOYDLAND CEMETERY |
| | | 24d. LOCATION (City, town, or county) (State) FOYDLAND MISSOURI |

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| DATE REC'D BY LOCAL REG. 4-18-1957 | REGISTRAR'S SIGNATURE Opal M. Good. | 25. FUNERAL DIRECTOR'S SIGNATURE Lynn Ferrell Fordland, Mo. | ADDRESS _____ |
|---|--|--|---------------|

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

3420

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 *Wm. K. Ferrell*.....

Licensed Embalmer No...4960.....

P. O. Address *Rogersville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.