

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

20213

STATE FILE NUMBER

38294-57

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 418

| | | | | | | | |
|---|---------------------------|---|---|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>New Madrid County</u> <u>Rural - Como Twp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>L</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Gregory</u> Middle <u>Randal</u> Last <u>Eakens</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1957</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>June-8-1957</u> | | 9. AGE (16 years last birthday) IF UNDER 1 YEAR: Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>L</u> | | 11. BIRTHPLACE (City and state or country) <u>Malden, Mo. Dunklin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13. FATHER'S NAME <u>James Eakens</u> | | | | 14. MOTHER'S MARDEN NAME <u>Josie Lee Mollinax</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>L</u> | | 17. INFORMANT <u>James Eakens, Tallapoosa, Mo.</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7600</u> | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>6-15-57</u> to <u>6-17-57</u> and last saw her alive on <u>6-17-57</u> Death occurred at _____ m. (on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Arthur C. Parker, Jr. M.D.</u> | | | | 22b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 22c. DATE SIGNED <u>6/24/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>6-18-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u> | | 23d. LOCATION (City, town, or county) (State) <u>N. of Malden, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Thomas C. Knight - Malden, Mo.</u> | | | | 25. DATE RCD. BY LOCAL REG. <u>6/29/57</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
JUL 1 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Charles E. Mungle*

Licensed Embalmer No. *48*

P. O. Address *Poplar B.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.