FILED MAR 14 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004705
STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo #Rt 1. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Auglaize Twns. Length of stay in 1b 56 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Richland, Missouri 015 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Rt. # 1. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ellen Middle ------ Last Eakens.
4. DATE OF DEATH Month March Day 4, Year 1958
5. SEX Female
6. COLOR OR RACE White.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Septl 27, 1871
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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 country) Moniteau, Co Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Jones.
13b. MOTHER'S MAIDEN NAME Perlina Unknown.
14. NAME OF HUSBAND OR WIFE John Riley Eakens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Clyde A. Eakens Address Richland, Mo Rt # 1.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bed fastness & old age
DUE TO (c) Fracture Hip — 1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-3-58, to 3-4-58 and last saw her/him alive on 3-4-58
Death occurred at 5:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. L. Myers (Degree or title) D.O. 2
22b. ADDRESS Richland, Missouri
22c. DATE SIGNED 3/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/6/58
23c. NAME OF CEMETERY OR CREMATORY Elm Grove Cemetery
23d. LOCATION (City, town, or county) Richland, Mo (State) Rural Rt.

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Richland, Mo
25. DATE RECD. BY LOCAL REG. 3/7/1958
26. REGISTRAR'S SIGNATURE Zilpha I. Traw.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.