

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 3 0 6

FILED VS DEC 22 1959 32

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 84

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lutesville</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Lutesville</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>Home</u>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MAUDE</u> Middle <u>BELLE</u> Last <u>EAKER</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>14</u> Year <u>1959</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-16-1877</u>		
				9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		
						IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and state or country) <u>Lutesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Young</u>			14. NAME OF HUSBAND OR WIFE <u>Perry Eaker</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>✓</u>		17. INFORMANT <u>Perry Eaker, Lutesville, Mo.</u>			
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>Coronary Thrombosis</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.) <u>✓</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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>3/6/42</u> to <u>12/19/59</u> and last saw her <u>alive</u> on <u>12/12/59</u> Death occurred at <u>12/16/59</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (In ink or title) <u>John J. Myers MD</u>				22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>12/17/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-17-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>		
24. FUNERAL DIRECTOR <u>Baker Funeral Home, Lutesville, Mo.</u>				25. DATE RECD BY LOCAL REG. <u>12-18-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crider</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 F. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.