URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

-60-009483

STATE FILE NUMBER

ENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b: 11 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Sikeston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 100 Rubin Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Roscoe Middle Luther Last EAKINS

4. DATE OF DEATH: Month 2 Day 22 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/21/1885

9. AGE (last birthday): 74

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): Salvage Business

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Whitewater, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Eakins

13b. MOTHER'S MAIDEN NAME: Don't Know

14. NAME OF HUSBAND OR WIFE: Mattie B. Eakins

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.: 490-05-4523

17. INFORMANT: Mrs. Mattie B. Eakins — Address: Sikeston, Mo.

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) Pneumonia - Viral etiology — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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)
PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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

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 2-20-60, to 2-22-60 and last saw her/him alive on 2-22-60
Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alden B. Bargent M.D. (Degree or title)

22b. ADDRESS Sikeston, Mo.

22c. DATE SIGNED 2-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/24/1960

23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: L. L. Haman — ADDRESS: Cape Girardeau, Mo.

25. DATE REC'D. BY LOCAL REG.: 2-26-60

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUN 1 1961

JAN 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard L. Hanson

Signature of Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardea

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