RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-037601
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 567

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: STODDARD
c. CITY OR TOWN: DEXTER — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE THREE — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle WESLEY Last ESKEW
4. DATE OF DEATH: Month OCTOBER Day 12 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/29/93
9. AGE (last birthday): 67 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): MORGANFIELD, KY.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN W. ESKEW
13b. MOTHER'S MAIDEN NAME: SALLY STRONG
14. NAME OF HUSBAND OR WIFE: ILA ESKEW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: ILA ESKEW, WIFE, RTE 3, DEXTER, 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): CEREBRAL THROMBOSIS. — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS. — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): AZOTEMIA.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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

BY AFFIDAVIT OF

21. I attended the deceased from October 8, 1960, to Oct. 12, 1960 and last saw her/him alive on
Death occurred at 10:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 10/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-14-60
23c. NAME OF CEMETERY OR CREMATORY: Malden Cemetery
23d. LOCATION (City, town, or county) (State): Malden Mo.
24. FUNERAL DIRECTOR: Strickland-Rainey ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 10/21/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lucille Rainey
Signature of Student Embalmer

Licensed Embalmer No. 4983

P. O. Address Dexter,

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