SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007473

STATE FILE NUMBER

AMENDED

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 8

FILED MAR 2 1 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia — Length of stay in 1b several yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 East Park — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 702 East Park — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Anna Middle Miranda Last Eskew

4. DATE OF DEATH Month March Day 14, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1-4-1884

9. AGE (last birthday) 77 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Brown Co., Illinois

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

13a. FATHER'S NAME Thomas Mc Daniel

13b. MOTHER'S MAIDEN NAME Sarah Surratt

14. NAME OF HUSBAND OR WIFE John C. Eskew

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 Address Mervan Eskew, Vandalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs.
DUE TO (c)	Chronic Hyper Tension	10 yrs.

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 1939, to 3/14/61 and last saw her alive on 2-10-61
Death occurred at 6 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr J R Dougherty Do.

22b. ADDRESS Vandalia Mo.

22c. DATE SIGNED 3/16/61

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

23b. DATE 3-16-61

23c. NAME OF CEMETERY OR CREMATORY Chapin Cemetery

23d. LOCATION (City, town, or county) (State) Chapin, Illinois

24. FUNERAL DIRECTOR ADDRESS William Blistow, Vandalia, Mo

25. DATE RECD. BY LOCAL REG. March 16 1961

26. REGISTRAR'S SIGNATURE Mallie Fuqua

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed William B Staten

Signature of Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.