

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040264

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 427 STATE FILE NUMBER

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	Length of stay in 1b 4 Days	c. CITY OR TOWN Dudley	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS (If outside, give location) Rt. 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Herbert Middle Hadley Last Eagan	4. DATE OF DEATH Month 10 Day 22 Year 61
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1910	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 5 Days 28	IF UNDER 24 HR Hours 10 Min. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Wayne County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Isaac Eagan	13b. MOTHER'S MAIDEN NAME hebbecca Lovecke	14. NAME OF HUSBAND OR WIFE Juanita Eagan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give particulars of service) No	17. INFORMANT Address Juanita Eagan Dudley, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liver Failure.		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hepnetic's Cirrhosis	
	DUE TO (c) -----	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Esophageal Varices		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour ----- Month, Day, Year ----- a.m. ----- p.m. -----	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
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21. I attended the deceased from June 23, 1961 to October 22, 1961 and saw her live on October 22, 1961 Death occurred at 2:55 a am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D.	22b. ADDRESS 330 N.2nd., Poplar Bluff, Mo.	22c. DATE SIGNED 10-23-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-24-61	23c. NAME OF CEMETERY OR CREMATORY Shain Memorial	23d. LOCATION (City, town, or county) (State) Butler County Mo.
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24. FUNERAL DIRECTOR White's Funeral Home, Fisk, Mo.	25. DATE RECD. BY LOCAL REG. 12-1-1961	26. REGISTRAR'S SIGNATURE [Signature]
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 5 1962

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 Raymond L. Ruffin

Licensed Embalmer No. 4798

P. O. Address Berme, 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.