MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035448
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 339

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0648
2 0821
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4 0
5 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

2 DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 8 1962

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b: 9 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 119 E. College
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WILLIAM Middle THOMAS Last EALES

4. DATE OF DEATH: Month Sept Day 24 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-18-1892
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months 5 Days 6
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: Farming
11. BIRTHPLACE (City and state or country): Pike County, Ill.
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: James Eales
13b. MOTHER'S MAIDEN NAME: Hattie Drake
14. NAME OF HUSBAND OR WIFE: Lora Eales

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: Lora Eales, Address: Bowling Green, 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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric fracture
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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: Sept 26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 27, 62
23c. NAME OF CEMETERY OR CREMATORY: Barkley Cemetery
23d. LOCATION (City, town, or county) (State): New London, Mo.

24. FUNERAL DIRECTOR: J.O. Mudd
ADDRESS: Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: Sept 26 1962
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luck by Lillian M. Herman

(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 James O. Mudd
Signature of Student Embalmer

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.

Sept 26, 1962
Permit issued