.S. No. 300
ev. 10.48

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5415

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 42

0644
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 1310 Collier St

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): L.
c. (Last): Eager

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5. 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 7. 1925
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hannibal. Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.a

13a. FATHER'S NAME: Fred Eager
13b. MOTHER'S MAIDEN NAME: Myrtle Willis
14. NAME OF HUSBAND OR WIFE: Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Louise Eager, 1310 Collier — ADDRESS: Hannibal. Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Result of fractured skull and multiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) injuries, sustained in an automobile
DUE TO (c) accident, at approximately two

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. miles south of the City limits #

INTERVAL BETWEEN ONSET AND DEATH: E 8234 / 32

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: of Hannibal, involving his own automobile only
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 064

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 5 1950 11:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: automobile accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Crawford Smith 3 (Degree or title): Coroner
23b. ADDRESS: Hannibal, Mo.
23c. DATE SIGNED: 2-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Feb. 10. 1950
24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Marion MO

DATE REC'D BY LOCAL REG.: 2-10-50
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By WC Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell — ADDRESS: Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 24 1950
MARIO. HEALTH DEPT.
DATE FILED FEB 27 1950

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 .....
Student Embalmer

Signed Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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 this body is not embalmed, fact should be so stated above.