

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34080

State File No.

No. 300
10.48
OCT 27 1952

| | | | | |
|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | PRIMARY REG. DIST. NO. <u>3000</u> | Registrar's No. <u>999</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> | | |
| c. LENGTH OF STAY (in this place) <u>5 mo 9 days</u> | | d. STREET ADDRESS (If rural, give location) <u>115 EAST HARRISON</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grinn Smith Mem. Hosp</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1952</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Hill</u> c. (Last) <u>EAGLE</u> | | 5. SEX <u>Male</u> | | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept 22 1858</u> |
| 9. AGE (In years last birthday) <u>94</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 10 HRS. Hours _____ Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |
| 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>William Eagle</u> | | 13b. MOTHER'S MAIDEN NAME <u>METRALF</u> | | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Gene Barr Roxana Ill</u> ADDRESS _____ |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured hip</u> | | II. OTHER SIGNIFICANT CONDITIONS | | <u>4 days</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | <u>3-4 mo</u> |
| DUE TO (b) <u>Fall from weakness</u> | | DUE TO (c) <u>senile arteriosclerosis</u> | | <u>survived</u> |
| DUE TO (a) _____ | | E9037 | | |
| DUE TO (c) _____ | | 20 | | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville Adair Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 11 1952 8:00 pm</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Got out of bed & fell on floor.</u> |
| 22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>45</u> , to <u>Oct 15</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Oct 15</u> , 19 <u>52</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>George E. Grinn M.D.</u> | | 23b. ADDRESS <u>KIRKSVILLE MO</u> | | 23c. DATE SIGNED <u>10/17/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>OCT 17 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u> |
| 24d. LOCATION (City, town, or county) (State) <u>BRASHEAR MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos B E Schuyler</u> ADDRESS <u>Thullard Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-21-52</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____



Licensed Embalmer No. 3755

P. O. Address Huddland 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.