

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34234

State File No.

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1083

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) 316 N. Noves	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 N. Noves			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Orville c. (Last) Eakin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 8, 1866		9. AGE (in years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. salesman		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	
11. BIRTHPLACE (State or foreign country) Bloomington, Indiana			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Emma J. Eakin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Eakin, 316 N. Noves, St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Elastic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 2 yrs last	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility			
		DUE TO (c) Man died at his home			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. After an illness of two years he was a Christian Scientist and had not been under medical treatment			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION He died		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	

22. I hereby certify that I ~~attested~~ ^{viewed} the deceased ~~from~~ ^{on} **10/11**, 19**52**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D., Coroner		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			

DATE REC'D BY LOCAL REG. Oct 16, 1952		REGISTRAR'S SIGNATURE Carl C. Costello		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newton Bowman Funeral Home St. Joseph, Mo.	
---	--	--	--	---	--

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

117

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

Joseph Carter

Licensed Embalmer No. *7814*

319 S 10th
P. O. Address *Joseph, Missouri*

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.