.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37495

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 429

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 E. Illinois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0013
d. STREET ADDRESS (If rural, give location): 614 E. Illinois

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Abagail
c. (Last): Eason

4. DATE OF DEATH (Month) (Day) (Year): 12 11 52

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 27, 1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Burgin
13b. MOTHER'S MAIDEN NAME: Susan Burgin
14. NAME OF HUSBAND OR WIFE: Goodson Eason

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.: -
17. INFORMANT'S SIGNATURE OR NAME: William Burgin — ADDRESS: Queen City, 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) Myocarditis - acute — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 10 yrs
DUE TO (c) Cystitis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obesity — 20 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1928, *to* Dec. 12, 1952 *that I last saw the deceased alive on* Dec 11, 1952, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R O Stickler MD 0
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12-13-52
24c. NAME OF CEMETERY OR CREMATORY: Jimtown Cemetery
24d. LOCATION (City, town, or county) (State): Scuyler County, Mo.

DATE REC'D BY LOCAL REG.: 12-13-52
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Davis — ADDRESS: Kirksville, Mo.

(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 .....
Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Farmville 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.