

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41882

State File No.

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 174

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> c. LENGTH OF STAY (In this place) <u>7 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> d. STREET ADDRESS (If rural, give location) <u>316 East Pitcher</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Eason</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>December 3 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>January 17 1908</u>
9. AGE (In years last birthday) <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>#3 INDUSTRY</u>
11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Eason</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bishop</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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>515-09-5116</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Eason 316 East Pitcher Nevada, Missouri</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes.</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Epilepsy Lobal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>1953</u>			
22. I hereby certify that I attended the deceased from <u>7-13</u> , <u>1949</u> to <u>12-3</u> , <u>1953</u> that I last saw the deceased alive on <u>12-9</u> , <u>1953</u> and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. L. Martin M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>	
23c. DATE SIGNED <u>12-5-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Dec. 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-8-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

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 492

L. Hughes Ferry

Student Embalmer No. 492

working under my personal supervision.

Student L. Hughes Ferry
Student Embalmer

Signed L. B. Ferry

Licensed Embalmer No. 176

P. O. Address Merola 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.