

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17717

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5711 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LIBERTY</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LIBERTY</u>	<u>290</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL LUTESVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR LUTESVILLE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>F.</u>	c. (Last) <u>EAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1955</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>DEC. 1, 1875</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	11. UNDER 1 Mo. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALBERT EAKER</u>	13b. MOTHER'S MAIDEN NAME <u>SHELTON</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA EAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ANNA EAKER LUTESVILLE MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>March 1955</u> <u>June 6, 1955</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Hardening of Arteries</u> DUE TO (c) <u>Chronic Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mitral Regurgitation</u>			

19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>592x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (Specify) <u>No</u> <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 12, 1955, to June 6, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Kinney M.D.</u>	23b. ADDRESS <u>St. Joseph's Hospital</u>	23c. DATE SIGNED <u>June 6, 1955</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DRY GREEN CEM.</u>	24d. LOCATION (City, town, or county) <u>BOLLINGER Co. MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-14-55</u>	REGISTRAR'S SIGNATURE <u>T. J. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>BAKER FUNERAL HOME Lutesville MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7/1/55

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville Mo

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.