No. 300
10.48

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

James W. Fowler

FILED SEP 19 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31828

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4005

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico
b. COUNTY: Luna
c. CITY OR TOWN: Tucumcari ~~Kansas City~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2053 S. 3rd

**3. NAME OF DECEASED** (Type or Print): a. (First) JAMES b. (Middle) EDWIN c. (Last) EAGER

**4. DATE OF DEATH** (Month) 8 (Day) 26 (Year) 57

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, ~~WIDOWED~~, DIVORCED** (Specify): DIVORCED 3
**8. DATE OF BIRTH**: APRIL 26 1906
**9. AGE** (In years last birthday): 51 — 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): LUMBER & HARDWARE
**10b. KIND OF BUSINESS OR INDUSTRY**: SELF
**11. BIRTHPLACE** (City and State or Foreign Country): Kentucky
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: GEORGE A. EAGER
**13b. MOTHER'S MAIDEN NAME**: LIZZIE Howard
**14. NAME OF HUSBAND OR WIFE**: MERLE DE WEESE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): W W II (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Henry Page — **ADDRESS**: Tucumcari N.M.

**MEDICAL CERTIFICATION**

**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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PORTAL CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: 3 MOS.

ANTECEDENT CAUSES

*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.* CIRCULATORY SUBCLINICAL SHOCK WITH AZOTEMIA. — 3 DAYS

5810

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* AUG 24, 1957, *to* AUG 26, 1957, *that I last saw the deceased alive on* AUG 26, 1957, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** James W. Fowler, M.D. (Degree or title)
**23b. ADDRESS** 1103 GRAND AVE. KANSAS CITY, MO.
**23c. DATE SIGNED** AUG 27, 1957

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 8-27-57
**24c. NAME OF CEMETERY OR CREMATORY**: Doughty Funeral Home
**24d. LOCATION** (City, town, or county) (State): TUCUMCARI NEW MEXICO

**DATE REC'D BY LOCAL REG.**: 8-27-57
**REGISTRAR'S SIGNATURE**: Nina Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: D.W. NEWCOMER'S SONS — **ADDRESS**: K.C.K.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jas. T. Davis

Licensed Embalmer No. 445

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.