

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020956

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2000 STATE FILE NUMBER Registrar's No. 697

S. 300
1-57

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SEYMOUR Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP'		Length of stay in lb 2 HRS.	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle OTTO Last EAKEN			4. DATE OF DEATH Month 6 Day 25 Year 59	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 8, 1904	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) WEBSTER Co., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME COLUMBUS W. EAKEN	13b. MOTHER'S MAIDEN NAME AVA EMBREY	14. NAME OF HUSBAND OR WIFE NINA EAKEN
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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. 489-36-6525	17. INFORMANT MRS. NINA EAKEN Address SEYMOUR, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemolytic Anemia Acquired		INTERVAL BETWEEN ONSET AND DEATH — —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) — DUE TO (c) —	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
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20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	20f. CITY, TOWN, OR LOCATION —	COUNTY —	STATE —
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21. I attended the deceased from 23 Aug 1956 to 25 June 1959 and last saw ^{her} _{him} alive on 25 June 1959 Death occurred at 7:30 AM on the date stated above; and to the best of my knowledge, from the causes stated
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22a. SIGNATURE (Degree or title) Walter D. Peterson MD	22b. ADDRESS Springfield MO	22c. DATE SIGNED 2 July 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-28-59	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER CO. MISSOURI
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24. FUNERAL DIRECTOR Robert Berogman	ADDRESS Seymour, Mo.	25. DATE RECD. BY LOCAL REG. 7-3-59	26. REGISTRAR'S SIGNATURE Effie G. Melton
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 24 1959

SEP 9 1959

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
Signature of Student Embalmer

Signed *Max L Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manassas, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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