

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-033226

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 486

AMENDED

FILED OCT 3 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Buckner, Burgess Road</u> OR TOWN <u>Fort Osage Township</u>		c. CITY OR TOWN <u>Buckner, Route 1</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>her own home</u>		d. STREET ADDRESS (If outside, give location) <u>Burgess Road</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b <u>14 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Eva H.</u> Middle <u>Eason</u> Last <u>Eason</u>			4. DATE OF DEATH Month <u>September</u> Day <u>26</u> Year <u>1961</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/22/98</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Winston, Missouri</u>		
13a. FATHER'S NAME <u>Homer Polk</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Elizabeth Graybill</u>		14. NAME OF HUSBAND OR WIFE <u>Jeff Eason</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Jeff Eason, Buckner, Missouri</u>			
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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) <u>Carcinoma of Gallbladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
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) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
21. I attended the deceased from <u>April 1961</u> to <u>September 1961</u> and last saw her <u>alive</u> on <u>Aug 7, 1961</u> . Death occurred at <u>5:00 A</u> m on the date stated above, and to the best of my knowledge from the causes stated.			

22a. SIGNATURE (Degree or title) <u>James Wilcox MD</u>		22b. ADDRESS <u>Oak Grove, MO</u>		22c. DATE SIGNED <u>9/26/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>		23d. LOCATION (City, town, or county) <u>Buckner, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hazel H. Heppert Buckner, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

OCT 3 1961

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address: Blue Springs

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.