

CERTIFICATE OF DEATH

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 511

- DO NOT WRITE ON THIS STUB
- 9. 0
 - 10a. 87
 - 10b.
 - 11. 0
 - 12. 1
 - 13. 4339
 - 14.
 - 15. 4
 - 16.
 - 17.
 - 18. 0
 - 19. CREDITS
 - 20. 2-0

VS 300
Rev. 1/70

0168
86

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0160

PARENTS

DECEASED—NAME FIRST MIDDLE LAST <u>Ed. Eohn</u>		SEX <u>M</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>11/1/1971</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>W</u>	AGE—(LAST BIRTHDAY) (YEARS) MOS. DAYS <u>87</u>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
CITY, TOWN, OR LOCATION OF DEATH <u>Cape Girardeau</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Cape La Croix N.H.</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Mo</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>Mrs. May Eohn</u>
SOCIAL SECURITY NUMBER <u>4339</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, OR IF RETIRED) <u>Farmer</u>	KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
RESIDENCE—STATE <u>Mo</u>	COUNTY <u>Cape Gir</u>	CITY, TOWN, OR LOCATION <u>Rural</u>	STREET AND NUMBER (SPECIFY IF NO.) <u>Rt.</u>
FATHER—NAME FIRST MIDDLE LAST <u>David Eohn</u>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Martha Byrd</u>	INFORMANT—NAME <u>Joe Eohn</u>	
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Mo 72 W. Jackson, Mo</u>			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE
Cerebral Thrombosis

DUE TO, OR AS A CONSEQUENCE OF:
9wks

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST:
(b)
(c)

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. No 19b. No 19c. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20a.

DATE OF INJURY (MONTH, DAY, YEAR) HOUR
20b. 20c.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20d.

INJURY AT WORK (SPECIFY YES OR NO)
20e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20g.

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20h. YES NO L&P

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. 2-8-55 21b. 11-1-71 21c. 10-28-71 21d. Did Not 21e.

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
22b. J.N. JAEGER, M.D. 22c. J.N. Jaeger MD 22d. 11-2-71

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
22e. 208 So High St Jackson Mo 63255

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)
23a. Burial

CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
23b. Memorial Park Cape Girardeau Mo

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23c. 11/3/71 23d. Cracraft - Miller 613 Wilson Jackson Mo

FUNERAL DIRECTOR—SIGNATURE REGISTERED SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
23e. [Signature] 23f. [Signature] 23g. 11-15-71

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 *Ston O'Connell*

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.