

1939 MAY 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16325  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Sullivan Registration District No. 852  
 (b) Township Gold Primary Registration District No. 6120 Registered No. \_\_\_\_\_  
 (c) City Indian (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Eator  
 (a) Residence, No. Sullivan Co. Infirmary (Usual place of abode, if no street address, write county or city) \_\_\_\_\_ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 0 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. County Infirmary  
 9. Industry or business in which work was done, as saw mill, bank, etc. Infirmary  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 59  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa  
 FATHER 13. NAME William Eator  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data  
 MOTHER 15. MAIDEN NAME Mary  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data  
 17. INFORMANT Co. Infirmary records  
 (ADDRESS) Indian, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. DATE Apr. 4, 1939  
 19. FUNERAL DIRECTOR C. A. Schibere  
 (ADDRESS) Indian, Mo.  
 20. FILED Apr. 28, 1939 Les Hagan  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to April 4, 1939.  
 I last saw him alive on March 26, 1939. Death is said to have occurred on the date stated above, at 6:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
diabetes mellitus with gangrene of foot  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. S. Montomery, M. D.  
 (Address) Indian, Mo.

I X12004  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

File Number 10-39-958

Filed MAY 10 1939

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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.)