FILED JUN 13 1941

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

17973
Do not use this space.

1. PLACE OF DEATH
(a) County Howard, Registration District No. 378
(b) Township or Primary Registration District No. 4222 Registered No. 31
(c) City Fayette, (d) Street No. Lee Hospital Fayette Mo — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Claiborn Burton Eaton, 0
(a) Residence, No. Fayette Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Eaton,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6- Ioth I870
7. AGE YEARS 70 MONTHS II DAYS I6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

FATHER
13. NAME Claiborn Eaton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Mary Patrick,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

17. INFORMANT (ADDRESS) Mrs Clara Eaton, Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary, DATE 6-Ist I94I
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley. Fayette, Mo. 341
20. FILED 6-3- 1941 Anna P. Tindall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th I94I, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1941, to 5-30, 1941
I last saw him alive on 5-30, 1941 Death is said to have occurred on the date stated above, at 11 30/2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-20-41
93 D	
Other contributory causes of importance: Chr. Myocarditis	1935

Name of operation None Date of
What test confirmed diagnosis? None 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?
If so, specify
(Signed) Wa Bloom, M. D.
(Address) Fayette Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Guy T. Harling

Licensed Embalmer No. 2911

P. O. Address Fayette Miss.

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 this body is not embalmed, above space should be left blank.