

S. No. 2
OM-5-43
v. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11080**
Registrar's No. **2546**

FILED MAR 27 1946 **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Barnes Hospital,**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **Everett Lee Eaton**
3. (b) If veteran, name war.....
3. (c) Social Security No. **499-05-5364**

4. Sex **MALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **BESSIE M**
6. (c) Age of husband or wife if **45** years
7. Birth date of deceased **DEC 18 1895**
 (Month) (Day) (Year)

8. AGE: Years **50** Months **2** Days **27**
 If less than one day
 hr. min.

9. Birthplace **WAYNE Co. Mo.**
 (City, town, or county) (State or foreign country)
10. Usual occupation **FARMER**
11. Industry or business **FARMING**

MOTHER { **12. Name** **JULIAN EVERETT**
13. Birthplace **WAYNE Co. Mo.**
 (City, town, or county) (State or foreign country)
14. Maiden name **MARTHA BUNGARD**
15. Birthplace **WAYNE Co. Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. BESSIE EATON**
(b) Address **STAR ROUTE No. 1 ELLINGTON Mo.**
17. (a) BURIAL (b) Date thereof **3-18-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **ELLINGTON Mo.**

18. (a) Signature of funeral director **LEUCHEL FUNERAL HOME**
(b) Address **VAN BUREN Mo.**
19. (a) J. F. Brubaker (b) **J. F. Brubaker**
 (Date received) (Signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **REYNOLDS** **90**
 (c) City or town **ELLINGTON**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **STAR ROUTE No. 1**
 (If rural, give location) **NR-1**
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **15**
 year **1946** hour **3** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **3-12**
1946, 19 to **3-15**, 19 **46**,
 that I last saw him alive on **3-15-46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple brain abscess - Not Tubercular**
 Due to **Lung abscesses (not tuberculous)**
 Due to **80**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place)
 (e) Means of injury **0**
23. Signature **J. F. Brubaker** (M. D. or other)
Barnes Hospital,
 Address Date signed **3/15/46**

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address..... *St. Louis 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 this body is not embalmed, fact should be so stated above.