

FILED AUG 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27227

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 55585 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE California b. COUNTY Los Angeles	
b. CITY (If outside corporate limits, write RURAL and give town) rural - Madison Twp		c. CITY (If outside corporate limits, write RURAL and give township) Los Angeles	
c. LENGTH OF STAY (in this place) 10 min.		d. STREET ADDRESS (If rural, give location) 1029 S. Oak St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mi. E. Carthage Hwy 66			

3. NAME OF DECEASED (Type or Print)	a. (First) LYLE	b. (Middle) RANDOLPH	c. (Last) EADEN	4. DATE OF DEATH (Month) (Day) (Year) August 25, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH July 30, 1890	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) concession owner	10b. KIND OF BUSINESS OR INDUSTRY concessions	11. BIRTHPLACE (State or foreign country) Fall City, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Iona Eaden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Iona Eaden, 1029 S. Oak, Los Angeles	ADDRESS Calif
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4501
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio coronary occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis generalized</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Did not attend, however* what I last saw the deceased alive on _____, 19____ (and that death occurred at *2:05pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. B. Clinton</i>	(Degree or title)	23b. ADDRESS <i>Jasper Nat'l Bur Bldg - Jasper Mo</i>	23c. DATE SIGNED <i>8/26/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Aug 26, 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Los Angeles, Calif
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DATE REC'D BY LOCAL REG. 8-27-1949	REGISTRAR'S SIGNATURE <i>W. B. Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Knell Mortuary</i>	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 8-30-49
Jasper County Health Office

County File Number 49-8-669

Date Filed 8-30-49

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
Student Embalmer

Signed

Frank W. Knull

Licensed Embalmer No. 4440

P. O. Address Carthage

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.