

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3601

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6174 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Harris - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clay Twp.		d. STREET ADDRESS (If rural, give location) Clay Twp.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Clarence c. (Last) Eaton		4. DATE OF DEATH (Month) (Day) (Year) 1 22 - 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5-25-1870
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Hand	11. BIRTHPLACE (State or foreign country) Sullivan Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry J. Eaton	
13b. MOTHER'S MAIDEN NAME Eliza Ann		14. NAME OF HUSBAND OR WIFE Mrs Ray Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ray Watson		ADDRESS Harris - Mo	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis & myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH ??	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aortic regurgitation with mitral stenosis		??	
DUE TO (c) essential hypertension		??	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7522	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-25, 1949, to 1-14, 1950, that I last saw the deceased alive on 1-5, 1950, and that death occurred at 12 noon, from the causes and on the date stated above.			
23a. SIGNATURE Joseph E Prior (Degree or title)		23b. ADDRESS Milan, Missouri	23c. DATE SIGNED 1-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-50	24c. NAME OF CEMETERY OR CREMATORY Bayastown Cem.	24d. LOCATION (City, town, or county) (State) Milan Mo
DATE REC'D BY LOCAL REG. Jan. 31-50	REGISTRAR'S SIGNATURE Anita Caldwell	25. FUNERAL DIRECTOR'S SIGNATURE Dought Schreiner	ADDRESS Milan Mo

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

RECEIVED FEB 1 1950
District Health Officer No. 10
District File Number 2-3-2-2-2
Don File FEB 1 1950

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 Dwight Schoene

Licensed Embalmer No. 2467

P. O. Address Wilan - 116

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.