

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16385

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4191		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade 0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION *****				d. STREET ADDRESS (If rural, give location) *****			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) ARTHUR		c. (Last) EATON	
4. DATE OF DEATH		(Month) May		(Day) 7		(Year) 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 23, 1880	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		11. BIRTHPLACE (State or foreign country) Cooper Hill, Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Clark Eaton		13b. MOTHER'S MAIDEN NAME Nancy Brumley		14. NAME OF HUSBAND OR WIFE Alice Eaton			
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. 491-24-2503		17. INFORMANT'S SIGNATURE OR NAME Ray Eaton, St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart dis DUE TO (c) Cardiac decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 6, 1950, to May 7, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE S.E. Ciffen D.O.		(Degree or title)		23b. ADDRESS Charvais, Mo		23c. DATE SIGNED 5/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 5-9-50		24c. NAME OF CEMETERY OR CREMATORY Gasconade City Cem.		24d. LOCATION (City, town, or county) Gasconade, Mo	
DATE REC'D BY LOCAL REG. 5/9/50		REGISTRAR'S SIGNATURE [Signature]		FUNDAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hermann, MO	

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

RECEIVED
JUN 6 1950
District Health Officer No. 9,
District File Number

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.

Signed _____

August Plummer

Signed _____
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.