

STANDARD CERTIFICATE OF DEATH

State File No. **22444**

FILED JUN 16 1950

BIRTH NO. **32161** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie	
c. LENGTH OF STAY (in this place) 37 hrs.		d. STREET ADDRESS (If rural, give location) Box 274	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Edna	b. (Middle) Paulette	c. (Last) Eaves	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 8, 1950	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR 3 MONTHS 17 DAYS IF UNDER 24 HRS. 17 HOURS 17 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Lloyd Eaves	13b. MOTHER'S MAIDEN NAME Mary Janet McDonald	14. NAME OF HUSBAND OR WIFE Father-Lloyd Eaves
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. ---	17. INFORMANT'S SIGNATURE OR NAME Father-Lloyd Eaves
		ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH 76.25
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 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 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)	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 8, 1950, to May 10, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE Harold B. Steubrad M.D.	(Degree or title)	23b. ADDRESS East Prairie Mo	23c. DATE SIGNED May 19/50
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE May 11, 1950	24c. NAME OF CEMETERY OR CREMATORY W. O. W. Cemetery	24d. LOCATION (City, town, or county) (State) East Prairie, Mo
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DATE REC'D BY LOCAL REG. June 6-50	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	FUNERAL DIRECTOR'S SIGNATURE Wm. Shelby East Prairie	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12 1950

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 650-5

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie*

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.