

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36548

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
c. LENGTH OF STAY (In this place) <u>154 3/4</u>		d. STREET ADDRESS (If rural, give location) <u>419 Chandler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print)  
a. (First) WILLIAM b. (Middle) BENJAMIN c. (Last) EATHERTON  
4. DATE OF DEATH (Month) (Day) (Year)  
Nov 19-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M  
8. DATE OF BIRTH 1870 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farmer 10b. KIND OF BUSINESS OR INDUSTRY  
farm 11. BIRTHPLACE (State or foreign country)  
MACON Co MO 12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME Jim Eatherston 13b. MOTHER'S MAIDEN NAME Lucy Brogan 14. NAME OF HUSBAND OR WIFE  
Maudie Eatherston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)  
dk 16. SOCIAL SECURITY NO. dk 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Nos Records Fulton 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, ashenia, etc. It means the disease, injury, or complication which caused death.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer prostate  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. chr. myocarditis

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  177X

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11-18, 1951, to 11-19, 1951, that I last saw the deceased alive on 11-19, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.C. Caldwell M.D. 23b. ADDRESS State Hos Fulton Mo 23c. DATE SIGNED 11-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 21-1951 24c. NAME OF CEMETERY OR CREMATORY Oakland Cem 24d. LOCATION (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. Nov. 19-1951 REGISTRAR'S SIGNATURE Martha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Snow Funeral Home, Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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2

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 29 1951

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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 R. M. Cates .....

Licensed Embalmer No. 4117 .....

P. O. Address Moberly 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.