

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richwood-Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>04-90</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u> <u>15</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>T.</u>		c. (Last) <u>EADS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-51</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>83</u> # UNDER 1 YEAR Months   # UNDER 1 YEAR Days   # UNDER 1 YEAR Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Wilson Eads</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> <u>1947</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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"/>	
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? <u>151X</u>	

22. I hereby certify that I attended the deceased from 11-1-51, 1951, to 12-19, 1951, that I last saw the deceased alive on 12-1-51, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Eads</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>12-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SABINAW MO</u>		24d. LOCATION (City, town, or county) (State) <u>SABINAW</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>D. E. Plummer</u> <u>178</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stene Parker</u> ADDRESS <u>Joplin Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED DEC 26 1957

Dist. File 1251-3196

Date Filed 12-28-57

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 254 D

P. O. Address John M

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.