

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 204

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		<u>810-2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 South Walnut St</u>			d. STREET ADDRESS (If rural, give location) <u>119 South Walnut St.</u>		
3. NAME OF DECEASED (Type or Print) <u>Nicholas</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH			(Month)	(Day)	(Year)
<u>Feb - 4 - 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb - 7 - 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u>
					IF UNDER 24 HRS. Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Reporter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James F. Eaton</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Phipps</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Doty, Centralia, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent Sinusitis (nasal)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had ¹⁹ Gastro Intestinal infection</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u> <u>1-2 wks</u> <u>3-4 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>513X</u>		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) (Min.)	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 <u>2/4/52</u> , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Larry Smith J MD 3</u> (Degree or title)			23b. ADDRESS <u>909 University Ave Columbia Mo</u>		23c. DATE SIGNED <u>2/4/52</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 5-1952</u>		REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul O. Baller, Centralia, Mo.</u>		

Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1967

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
Student Embalmer

Student Embalmer No. _____

Signed *Paul J. Baller* _____

Licensed Embalmer No. *4206* _____

P. O. Address *Centerville, 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.