

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
858

BIRTH NO. 14319 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Parkville	
c. LENGTH OF STAY (in this place) 20 min		d. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED a. (First) Claude		b. (Middle) Joseph		c. (Last) Eaves		4. DATE OF DEATH (Month) (Day) (Year) 2-20-1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 2-20-1952		9. AGE (In years last birthday) 0 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Donald William Eaves		13b. MOTHER'S MAIDEN NAME Louise Whinnona Ruband		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Donald Eaves R# 2 Parkville Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 5 mm. gestation		DUE TO (b) None Placenta previa		774X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) None			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None			

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) 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 2-20, 1952 to 2-20, 1952, that I last saw the deceased alive on 2-20, 1952 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph C. Williams (Degree or title) M.D.		23b. ADDRESS 510 Professional Bldg		23c. DATE SIGNED 2/24/52	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 23 Feb. 1952		24c. NAME OF CEMETERY OR CREMATORY Cameron Cemetery	
				24d. LOCATION (City, town, or county) (State) Cameron Mo	

DATE REC'D BY LOCAL REG. 2-24-52		REGISTRAR'S SIGNATURE Geraldine Holmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Western Funeral Home N.H.L.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John S. Weston, III*  
Licensed Embalmer No. *4886*

P. O. Address *MKC, 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.