

No. 300
10-48

FILED MAY 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12453

BIRTH NO.		REG. DIST. NO. 91	PRIMARY REG. DIST. NO. 5330	Registrar's No. 8-
1. PLACE OF DEATH a. COUNTY RAWFORD.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE RAWFORD b. COUNTY MO		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHERRYVILLE MO	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHERRYVILLE MO 02801		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) JENNIE		a. (First) L	b. (Middle) EATON	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) APRIL 1 1952				
5. SEX F	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MARCH 9-19 1921	9. AGE (In years last birthday) 31 Months Days Hours Min.
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 (City and State or Foreign Country) CHERRYVILLE MO
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Bill Eaton
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HARRISON EATON CHERRYVILLE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile debility. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 10 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x			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		
22. I hereby certify that I attended the deceased from May 31, 1948 to April 7, 1952 , that I last saw the deceased alive on April 7, 1952 , and that death occurred at 11:30 pm. , from the causes and on the date stated above.				
23a. SIGNATURE Thos Robey (Degree or title) DO		23b. ADDRESS Steelville Mo		23c. DATE SIGNED 5/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE APRIL 2-52	24c. NAME OF CEMETERY OR CREMATORY EATON CEMETARY	24d. LOCATION (City, town, or county) (State) CHERRYVILLE MO	
DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE Elsie Hanson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOMAS FUNERAL HOME		

(Licensed Embalmer's Statement on Reverse Side)

STEELVILLE MO

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 _____

Henry Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Henry Jones

Licensed Embalmer No. 3628

P. O. Address Stubbels MI

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.