

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25490

FILED AUG 6 1952

BIRTH-NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>St. Francois 0941</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. Farmington</u> b. COUNTY <u>St. Francois</u>			
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits write RURAL and give township) <u>0940</u> <u>Farmington R.F.D. No. 2, 0</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. John</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Eaton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 13-1879</u>	
9. AGE (In years) <u>72-9-1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Mr. Aaron Eaton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Addie Joseph Walker Eaton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Eaton (Son) Farmington R.F.D. No. 2</u>			
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) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
		ANTECEDENT CAUSES A. FORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>diabetes mellitus</u>				UNKNOWN	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Amputations left leg for diabetes gangrene</u>				<u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>June 1, 1952</u> to <u>July 24, 1952</u> , that I last saw the deceased alive on <u>July 23, 1952</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Foster</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Desloge Mo.</u>		23c. DATE SIGNED <u>7-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>July 27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 26, 1952</u>		REGISTRAR'S SIGNATURE <u>Esther Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hoop</u>		ADDRESS <u>303 E. Main St. Platt River, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fall River

**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.