

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5871
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>844</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAMDEN</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>EATON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>		8. DATE OF BIRTH <u>Feb. 3, 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		13a. FATHER'S NAME <u>Lodge Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Melvinia Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Ora 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>Ora Eaton Camden, Mo.</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>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/29/53</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>arteriosclerosis & hypertension unknown</u>			
				DUE TO (c) <u>unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Posterior wall myocardial infarction</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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)		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>2/1</u> , 1953, to <u>2/9</u> , 1953, that I last saw the deceased alive on <u>2/9</u> , 1953, and that death occurred at <u>9:07 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. N. Gilliam</u> (Degree or title)				23b. ADDRESS <u>926-E 11th St</u>		23c. DATE SIGNED <u>2/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Orisk Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Good-Barker</u>		ADDRESS <u>Orisk, Mo.</u>	

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 Maris P. Bailey

Licensed Embalmer No. 4887

P. O. Address Oriskany 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.