

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

State File No. **11084**

FILED MAY 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 31

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Andrew</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Andrew</u>
c. LENGTH OF STAY (In this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah 0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (No Number) <u>S. 5th</u>		d. STREET ADDRESS (If rural, give location) <u>(No Number) S. 5th</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Eaton</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4-21-54</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug 15-1876</u>	<b>9. AGE</b> (In years last birthday) <u>77</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 MRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housework</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Andrew County, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Jesse Robinson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth (Unknown)</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jesse Eaton</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Bill Spencer, Savannah, Mo</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertensive heart disease</u>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Disease</u>		<u>20 yrs</u>
	DUE TO (c)		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 9-14, 1953 to 3-11, 1954 that I last saw the deceased alive on 3-11, 1954 and that death occurred at 2:35 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Lillian C. Bahner</u>	<b>23b. ADDRESS</b> <u>Savannah, Mo.</u>	<b>23c. DATE SIGNED</b> <u>4-25-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Buried</u>	<b>24b. DATE</b> <u>4-22-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Savannah City Cemetery Savannah, Mo.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) _____
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-6-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lillian Sparks</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm D Rich</u>	<b>ADDRESS</b> <u>Savannah, Mo.</u>
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(Licensed Embalmer's 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 \_\_\_\_\_

*Wm A Rich*

Licensed Embalmer No. 4228

P. O. Address Savannah, Ga

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.