

No. 300
10-48
09460-1

FILED MAY 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13089

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Randolph)		c. CITY OR TOWN Near Esther, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) Farmington R. R. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farmington R. R. #2			

3. NAME OF DECEASED (Type or Print) a. (First) Viania	b. (Middle)	c. (Last) Eaton	4. DATE OF DEATH (Month) April (Day) 28 (Year) 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care of Home	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Washington Richards	13b. MOTHER'S MAIDEN NAME Martha Ann Wolfe	14. NAME OF HUSBAND OR WIFE Joseph Eaton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Wm. W. Merritt	ADDRESS Farmington R. #2, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of old age DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr. 28, 1954, to Apr. 28, 1954, that I last saw the deceased alive on Apr. 28, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Theodore Paul D.O.	(Degree or title)	23b. ADDRESS Flat River, Mo.	23c. DATE SIGNED 5/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/1/54	24c. NAME OF CEMETERY OR CREMATORY Bismark Masonic Cem.	24d. LOCATION (City, town, or county) (State) Bismark, Missouri
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DATE REC'D BY LOCAL REG. May 3, 1954	REGISTRAR'S SIGNATURE Cather Pauloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo.
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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.....
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Meriden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.