

No. 300
10.48

FILED MAY 28 1954

THE DIVISION OF HEALTH - MISSOURI STANDARD CERTIFICATE OF DEATH

16865

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>	PRIMARY REG. DIST. NO. <u>3053</u>	Registrar's No. <u>89</u>
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Rolla</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>688 Salem Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>688 Salem Avenue</u> <u>0813</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>CALVIN</u> c. (Last) <u>EATON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1925</u>	9. AGE (In years last birthday) <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bulldozer operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Herschell Eaton</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Short</u>	14. NAME OF HUSBAND OR WIFE <u>Muriel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>498-22-3668</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Muriel Eaton</u> ADDRESS <u>Rolla, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet wound through arch of aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Weapon, 30-30 Cal. Rifle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 14, 1954 1a m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Based on May 14, 1954</u> , and that death occurred at <u>1:20a m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>5/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Steelville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 17, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steels</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Null & Sons Funeral Home</u>	Rolla, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embellisher's Statement on Reverse Side)

MAY 28 1954

MAY 24 1954

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..... Paul E. Nunn

Licensed Embalmer No... 449

P. O. Address... Rolla

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.