

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23849

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 19

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Osage</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> | | b. COUNTY <p style="text-align: center;">Osage</p> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural, Crawford</p> | | c. LENGTH OF STAY (In this place) <p style="text-align: center;">80 yrs</p> | | c. CITY OR TOWN <p style="text-align: center;">Hope</p> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">At Home</p> | | e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Hope, Mo. R D</p> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Mary</p> | | | b. (Middle) <p style="text-align: center;">Lou</p> | | | c. (Last) <p style="text-align: center;">Eads</p> | | | 4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">July 22, 1954</p> | | | | |
| 5. SEX <p style="text-align: center;">Female</p> | | 6. COLOR OR RACE <p style="text-align: center;">White</p> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widow</p> | | 8. DATE OF BIRTH <p style="text-align: center;">Oct 17, 1866</p> | | 9. AGE (In years last birthday) <p style="text-align: center;">87</p> | | 10. MONTHS <p style="text-align: center;">7</p> | 11. DAYS <p style="text-align: center;">22</p> | 12. HOURS <p style="text-align: center;">22</p> | 13. MIN. <p style="text-align: center;">22</p> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">House Wife</p> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Self</p> | | 11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Osage County Missouri</p> | | | 12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p> | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <p style="text-align: center;">Ammon Wolfe</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Ellen Seig</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Natha Eads</p> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p> | | 16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p> | | 17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Sam Eads . Morrison, Mo.</p> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Cardio-Vascular-Respiratory Disease</i></p> | | | | | |
| | | 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | | |

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| 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) | | 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 July 1953, to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <p style="text-align: center;"><i>Edgar A. Kibby M.D.</i></p> | | (Degree or title) <p style="text-align: center;"><i>California</i></p> | | 23b. ADDRESS <p style="text-align: center;"><i>218 72. Oak</i></p> | | 23c. DATE SIGNED <p style="text-align: center;"><i>7/23/54</i></p> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p> | | 24b. DATE <p style="text-align: center;">July 25, 1954</p> | | 24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Eads Cemetery</p> | | 24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hope, Mo.</p> | |

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| DATE REC'D BY LOCAL REG. <p style="text-align: center;">July 24-1954</p> | | REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>TA [Signature]</i></p> | | 25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;"><i>Clayton [Signature]</i></p> | | ADDRESS <p style="text-align: center;">Linn, Mo.</p> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760-1

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 *Vernon M. Morton*

Licensed Embalmer No. *4125*

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