

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 31564

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 277

094

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

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 township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20yrs		e. STREET ADDRESS (If rural, give location) 705 Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 705 Kansas			

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3. NAME OF DECEASED a. (First) Lucy		b. (Middle) Viola		c. (Last) Eaton		4. DATE OF DEATH (Month) (Day) (Year) Sept 3, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 22, 1878	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 2 Days 11		IF UNDER 1 HR. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) St. Francois Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Wells		13b. MOTHER'S MAIDEN NAME Elizabeth Forshee		14. NAME OF HUSBAND OR WIFE Aaron Eaton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aaron Eaton Farmington, Mo.	

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) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Decompensated Hypertension heart disease		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Arteriosclerosis		years.	

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) Farmington Mo.	
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 **1953**, 19___, to **Sept 3, 1954**, that I last saw the deceased alive on **Sept 3, 1954**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul P. Edgar D.D.		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED Sept 7, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Francois Mo. in Bonne Terre R. #1 Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Sept. 7, 1954		REGISTRAR'S SIGNATURE Ethel Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.Z. BOYER & SON DESLOGE, MO.	
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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. Bayer*.....
Licensed Embalmer No. *366*

P. O. Address *Lesley*.....

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.