

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **836**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **29**

## 1. PLACE OF DEATH

 a. COUNTY **Greene**  
 b. CITY OR TOWN **Springfield**  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Mercy Infirmary** **D**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

 a. STATE **Missouri** b. COUNTY **Greene**  
 c. CITY OR TOWN **Springfield** d. Is Residence within limits of a city or incorporated town?  
 Yes  No   
 e. STREET ADDRESS (If rural, give location) **1207 W. Florida** **03960**

## 3. NAME OF DECEASED (Type or Print)

 a. (First) **LEONA** b. (Middle) \_\_\_\_\_ c. (Last) **EATON**
4. DATE OF DEATH **January 9, 1955**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

## 8. DATE OF BIRTH

**8 April 1886**

## 9. AGE (In years last birthday)

**68**

## IF UNDER 1 YEAR

Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

## 10b. KIND OF BUSINESS OR INDUSTRY

**In Home**

## 11. BIRTHPLACE (City and State or Foreign Country)

**Rogers, Arkansas**

## 12. CITIZEN OF WHAT COUNTRY?

**USA**

## 13a. FATHER'S NAME

**A.S. Casey**

## 13b. MOTHER'S MAIDEN NAME

**Garrett**

## 14. NAME OF HUSBAND OR WIFE

**B. Frank Eaton**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

**No****No**

## 16. SOCIAL SECURITY NO.

**No**

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

**Frank Pierce Springfield, 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

**Cerebral hemorrhage**

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## MEDICAL CERTIFICATION

**and several previous strokes****Arteriosclerotic heart disease****Pylonephritis, chronic****Meniere's Syndrome**

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

**1 day****6 mos.****6 mos.****13 years**

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

**6000**

## 20. AUTOPSY?

YES  NO 

## 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) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **7-23**, **1954**, to **1-9**, **1955**, that I last saw the deceased alive on **1-9**, **1955**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

**Wm J. Silsby M.D.**

## 23b. ADDRESS

**McDaniel Building Springfield, Missouri**

## 23c. DATE SIGNED

**1-10-55**

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 24b. DATE

**1/11/55**

## 24c. NAME OF CEMETERY OR CREMATORY

**White Chapel Cemetery**

## 24d. LOCATION (City, town, or county) (State)

**Springfield, Missouri**

## DATE REC'D BY LOCAL REG.

**1-11-55**

## REGISTRAR'S SIGNATURE

**Edith Williamson**

## 25. FUNERAL DIRECTOR'S SIGNATURE

**J. Klingner**

## ADDRESS

**Springfield, Mo.**

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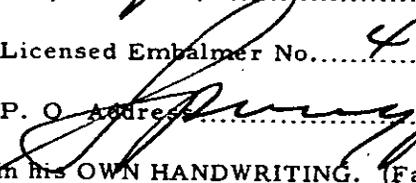
STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No..... 4

P. O. Address.....  


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.