

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7671

State File No. _____
Registrar's No. 2-1955

BIRTH NO. 4223854 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4449

1. PLACE OF DEATH a. COUNTY <u>Crawford</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u> c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u> d. STREET ADDRESS (If rural, give location) <u>None</u>	
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3. NAME OF DECEASED a. (First) <u>David</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Eaton</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 16 - 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-4-54</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME <u>Deloris Eaton</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Deloris Eaton Steelville Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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 <u>493 X</u>	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) _____
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 1954, to Jan 1955, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Date or title) <u>J. A. [Signature]</u>	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>1-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keysville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keysville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-18-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jonas Funeral Home Steelville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

76.300
0.48

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.....

Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Henry M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steelville 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 this body is not embalmed, fact should be so stated above.