

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14834

Dr. Rusk

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>5161</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>New Bloomfield</u> )		a. STATE <u>Missouri</u>		b. COUNTY <u>Cole</u>	
c. LENGTH OF STAY (in this place) <u>6 mos</u>		c. CITY OR TOWN <u>Jefferson City</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>Ingram Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>619 Adams Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>David</u>	b. (Middle) <u>Thurber</u>		c. (Last) <u>Eaton</u>		(Month) <u>May</u>	(Day) <u>24</u>	(Year) <u>1955</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>Feb-24-1899</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashua, N.H.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Olmer Eaton</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Thurber</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Eaton</u>		
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Eaton, Jefferson City, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>						<u>3 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>490X</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					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 <u>May 14, 1955</u> , to <u>May 28, 1955</u> , that I last saw the deceased alive on <u>May 24, 1955</u> , and that death occurred at <u>2P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Rusk</u>			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>5/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nashua Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nashua, N.H.</u>			
DATE REC'D BY LOCAL REG. <u>5/25/55</u>	REGISTRAR'S SIGNATURE <u>LeRoy O'Leary</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George V. Gordon</u>		ADDRESS <u>Jefferson City, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1958

JUN 2 1955

MAY 23 1955

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 *Joseph J. Cordum*

Licensed Embalmer No. 1286

P. O. Address *City*

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.