

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33452**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **306**

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | | c. CITY OR TOWN Meta | d. Is Residence within limits of a city or incorporated town? No |
| c. LENGTH OF STAY (in this place) LIFE | | e. STREET ADDRESS (If rural, give location) 0701 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Truxton c. (Last) Eads | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1956 |
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|--------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9/4/1895 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) postal worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Vienna, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Benjamin S. Eads | 13b. MOTHER'S MAIDEN NAME Sarah Maltaberger | 14. NAME OF HUSBAND OR WIFE Lillie Prater |
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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) Yes W.W.II | 16. SOCIAL SECURITY NO. 488 03 7278 | 17. INFORMANT'S SIGNATURE OR NAME Lillie Eads ADDRESS Meta, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 25 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of the myocardium | | |
| | 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **6/23**, 19**32**, to **10/15**, 19**56**, that I last saw the deceased alive on **10/15**, 19**56**, and that death occurred at **11:10 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. H. Hunter MD (Degree or title) | 23b. ADDRESS 302 Bolivar, Jefferson City Mo. | 23c. DATE SIGNED 10/17/56 |
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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10/18/56 | 24c. NAME OF CEMETERY OR CREMATORY South Side | 24d. LOCATION (City, town, or county) (State) Meta, Mo. |
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| DATE REC'D BY LOCAL REG. 20 Oct 1956 | REGISTRAR'S SIGNATURE R. P. Davis MD-7R. | 25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges ADDRESS Hedges Funeral Homes Inc Iberia, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1933

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 *Walter J. Hayes*.....

Licensed Embalmer No. *426*.....

P. O. Address *Meriden, Conn.*.....

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.