THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1957

27999
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 823-B

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Springfield Baptist Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Walnut Grove Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 03 (If) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LESTER Middle Last EAVES

4. DATE OF DEATH Month August Day 17 Year 1957

5. SEX Male 6. COLOR OR RACE white 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb 24-1895

9. AGE (In years last birthday) 62 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Laney Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pete Eaves
13b. MOTHER'S MAIDEN NAME Emma Brown
14. NAME OF HUSBAND OR WIFE Alva E Eaves

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

16. SOCIAL SECURITY NO. 493-14-1673
17. INFORMANT Alva Eaves Address Walnut Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic Heart Disease with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mitral Stenosis and
DUE TO (c) Congestive Heart Failure — 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1953 to Aug 17, 1957 and last saw her (him) alive on Aug 17, 1957
Death occurred at 12:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James T. Good (Degree or title) MD
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 8-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 19-57
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Walnut Grove Mo

24. FUNERAL DIRECTOR Brum-Daniel ADDRESS Walnut Grove Mo
25. DATE RECD. BY LOCAL REG. 8-28-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 18 1957

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 Boyd L. Sowell

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.