Dept. Health, Duc., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44767

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 652

1. PLACE OF DEATH
a. COUNTY: Jasper.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2302 Penn. — Length of stay in Ib: 45 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 510 N. Byers. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: V. Last: Eby

4. DATE OF DEATH Month: 12 Day: 29 Year: 1957

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-12-1862

9. AGE (In years last birthday): 95 — 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: Homemaking
11. BIRTHPLACE (City and state or country): Westfield, Ohio
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: James B. Trindle
13b. MOTHER'S MAIDEN NAME: Hannah Goodhue
14. NAME OF HUSBAND OR WIFE: J. R. Eby.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: J. G. Trindle Address: Dodge City, Ks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200 F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
FRACTURE LEFT HIP 11-6-57
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 12-27-56 to 12-10-57 and last saw her/him alive on 12-10-57
Death occurred at 6:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Hamilton M.D.
22b. ADDRESS Joplin Mo
22c. DATE SIGNED 1-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-1-58
23c. NAME OF CEMETERY OR CREMATORY: Liberal Cem.
23d. LOCATION (City, town, or county) (State): Liberal Kansas

24. FUNERAL DIRECTOR Thomhill-Dillon **ADDRESS** Joplin Mo
25. DATE RECD. BY LOCAL REG. 1-7-1958
26. REGISTRAR'S SIGNATURE Dovie Merriam
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 195.140 MoRS 1949.

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Jasper County Health Office
County File Number 58-7-29
Date Filed JAN 11 1958

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 William E. Heddleston

Licensed Embalmer No. 4770

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.