Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020580
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp — Length of stay in 1b 1 Hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall Township 0970 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 1 M- N- Marshall — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First EVERETTE Middle LLOYD Last EADES
4. DATE OF DEATH Month June Day 6, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 31, 1905
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months 2 Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Carroll County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Wm. Eades
14. MOTHER'S MAIDEN NAME Mary Harbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Elmer Eades 1260 S Ravenal Marshall

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) Suicide. Gun shot wound — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) in head Self inflicted
DUE TO (c) 976 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE X HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gun shot wound self inflicted
20c. TIME OF INJURY Hour a. m. p. m. 2 30 Month, Day, Year 6-6-58
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home + Farm
20f. CITY, TOWN, OR LOCATION Marshall COUNTY Saline STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2 30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. L. Lawless M.D. Coroner Saline Co
22b. ADDRESS Marshall Mo
22c. DATE SIGNED 6-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-8-1958
23c. NAME OF CEMETERY OR CREMATORY Gilead Cemetery
23d. LOCATION (City, town, or county) (State) Carroll County Missouri

24. FUNERAL DIRECTOR Sweeney - Riser Funeral Home Marshall ADDRESS
25. DATE RECD. BY LOCAL REG. 6-7-'58
26. REGISTRAR'S SIGNATURE Cecil G. Read

(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack W. Keser

Licensed Embalmer No. 46

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.