

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001079

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

3

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bethany</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pattonsburg</b> <b>0310</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Noll Hosp.</b>		Length of stay in lb <b>7 Hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>--</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Robert Washington Eads</b>			4. DATE OF DEATH Month Day Year <b>1-8-1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 31, 1859</b>
9. AGE (In years last birthday) <b>99</b>		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) <b>Rural Mail Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Mail</b>	11. BIRTHPLACE (City and state or country) <b>Lock Spring, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Milton Eads</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Clark</b>
14. NAME OF HUSBAND OR WIFE <b>Permelia Frances Tye</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Miss Mattie A. Eads, Pattonsburg, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANTEROLATERAL MYOCARDIAL INFARCT</b> DUE TO (b) <b>CORONARY OCCLUSION</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>12 hours</b> <b>YEARS.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>3<sup>00</sup> pm 1-8-59</b> and last saw <sup>him</sup> alive on <b>1-8-59</b> Death occurred at <b>10:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Albert H. Nibbe M.D.</b> (Degree or title)	22b. ADDRESS <b>Bethany, Mo.</b>	22c. DATE SIGNED <b>1-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.C.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pattonsburg, Mo.</b>
24. FUNERAL DIRECTOR <b>Louis Quent</b> ADDRESS <b>Pattonsburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-11-59</b>	26. REGISTRAR'S SIGNATURE <b>Gella Maxey</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 26 1959

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 *Louis Quest* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Pattonsburg* .....

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.