Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003954
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lemay, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mt. St. Rose Length of stay in 1b 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFFERSON
c. CITY OR TOWN FESTUS Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R.F.D. # 3 Reside on Farm Yes [ ] No [X]

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

4. DATE OF DEATH Month JANUARY Day 20 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 11-23-1889

9. AGE (In years last birthday) 69 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) Die Maker

10b. KIND OF BUSINESS OR INDUSTRY Blacksmith

11. BIRTHPLACE (City and state or country) Doe Run, Missouri

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

13a. FATHER'S NAME John C. EAVES ~~Evans~~

13b. MOTHER'S MAIDEN NAME ~~Sueinda~~ LUCINDA Williams

14. NAME OF HUSBAND OR WIFE Maude Blake EAVES ~~Evans~~

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

16. SOCIAL SECURITY NO. unk.

17. INFORMANT Maude Eaves, Festus, Mo. R.F.D. # 3 Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 28 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 3-30-56 to 1-20-59 and last saw ~~her~~ him alive on 1-20-59
Death occurred at 9 15 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul C. Murphy (Degree or title) MD

22b. ADDRESS 508 N Grand

22c. DATE SIGNED 1-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-24-1959

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) DeSoto, Missouri

24. FUNERAL DIRECTOR J. Lee Mothershead ADDRESS DeSoto, Mo.

25. DATE RECD. BY LOCAL REG. 1-24-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
(Ch. 2-[illegible])
2 [illegible] 4 5

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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.