

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004892

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 10

300 C
1-57

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton		
b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm. Hosp.		Length of stay in 1b 2da.	d. STREET ADDRESS (If outside, give location) 101 S. Harris St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM H. EAVES			4. DATE OF DEATH Feb. 3, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1885	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Housing	11. BIRTHPLACE (City and state or country) Cameron, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Eaves		13b. MOTHER'S MAIDEN NAME Laura Albright		14. NAME OF HUSBAND OR WIFE Grace Eaves	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 495-07-3307		17. INFORMANT Address Grace Eaves Cameron, Mo.	
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 & Decompensation DUE TO (b) Congestive Failure DUE TO (c) Cronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Acute Cholecystitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 5 days	
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 Jan. 18-1950 to Feb 3 1959 and last saw ^{her} him alive on Feb 3 1959 Death occurred at 9:30 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Thomas</i> (Degree or title)			22b. ADDRESS M.D. Cameron, Mo.		22c. DATE SIGNED 2-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-6-1959	23c. NAME OF CEMETERY OR CREMATORY Packard		23d. LOCATION (City, town, or county) (State) Cameron, Mo.
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 2-8-59		26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Caution: Verify that this was only a Missouri notification in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, N.C.*

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.