

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010867

FILED MAR 27 1959

STATE FILE NUMBER  
2 2552

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Leadwood</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Main</b>	
Length of stay in lb <b>59 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle <b>Fannie</b> Last <b>Eaton</b>			4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 8, 1896</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Piedmont, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>William Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Johnston</b>		14. NAME OF HUSBAND OR WIFE <b>Russell Eaton</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>Russell Eaton, Leadwood, 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>Cancer mammary gland</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>With generalized metastases</b> DUE TO (c) <b>No Surgery</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170+</b>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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. _____			ITEM <b>23c, 23d</b> CORRECTED BY AFFIDAVIT OF <b>Funeral Director</b> <b>3-31-59</b>		

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 <b>Leadwood</b>	
21. I attended the deceased from <b>9-16-58</b> , to <b>3-10-59</b> and last saw her alive on <b>3-10-59</b>		Death occurred at <b>11:40 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Sharon Miller</b> (Degree or title)		22b. ADDRESS <b>408 Hembock</b>		22c. DATE SIGNED <b>3-12-59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-13-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Parkview Cemetery Park</b>		23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Missouri</b> <b>Farmington, Mo.</b>	
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 12 59</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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71 JB

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VS MAR 31 1959

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John D. ...* .....

Licensed Embalmer No. *365*  
P. O. Address *St. Louis 8 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.