

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014932

STATE FILE NUMBER

Y.C. F.K.
FILED APR 24 1959

2 3499

Registration District No. Primary Registration District No.

300
1-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARTS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST. LOUIS MO		c. CITY OR TOWN VIENNA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMITU HOSPITAL		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 2 DAYS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN B. EADS			4. DATE OF DEATH Month Day Year APRIL 5, 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/14/94	9. AGE (In years last birthday) 64	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) VIENNA, MO.	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME LOSES EADS		13b. MOTHER'S MAIDEN NAME LOUISA KARNS		14. NAME OF HUSBAND OR WIFE NONE		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT	16. SOCIAL SECURITY NO. UNK	17. INFORMANT VA HOSP RECORDS 915 N GRAND ST. LOUIS MO	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MENINGITIS; TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH 72 HRS
TUBERCULOSIS OF SPINE AND PSOAS MUSCLE		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 012.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHD, - OBSTRUCTIVE EMPHYSEMA		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 WORK <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. Attended the deceased from 4-3-59 to 4-5-59 and last saw him alive on 4-5-59 Death occurred at 5:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE V.A. Codiga CODIGA M.D.	(Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 4/5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-8-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Dixon, Mo.
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24. FUNERAL DIRECTOR Gilbert Funeral Home, Dixon, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 8 '59	26. REGISTRAR'S SIGNATURE Karl Smith M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.