RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030176

STATE FILE NUMBER

FILED VS AUG 18 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD#2, Farmington, Mo.
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST. Francois
c. CITY OR TOWN: St. Francois Twp.
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RFD#2, Farmington, Mo.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Eunice Middle: Charity Last: AARON
4. DATE OF DEATH: Month: AuG Day: 9 Year: 1959
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-7-1896
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Missouri.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unk. Franklin
13b. MOTHER'S MAIDEN NAME: Ellen Kay
14. NAME OF HUSBAND OR WIFE: Sam AARON
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.: None
17. INFORMANT: Willis Radford, Address: California

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): Presumed to be Natural Causes
INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Coroner of St. Francois County Notified)
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

Certified Physician

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 —, to — and last saw her/him alive on —
Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Esther Rudloff (Degree or title) Local Registrar
22b. ADDRESS: Realty Bldg., Farmington, Mo.
22c. DATE SIGNED: 8-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-13-1959
23c. NAME OF CEMETERY OR CREMATORY: Wayne Cemetery
23d. LOCATION (City, town, or county) (State): Elvins Mo.

24. FUNERAL DIRECTOR: Miller Funeral Home ADDRESS: Farmington, Mo
25. DATE RECD. BY LOCAL REG.: Aug 12, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.

AUG 27 1959