

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

=60-022721

STATE FILE NUMBER

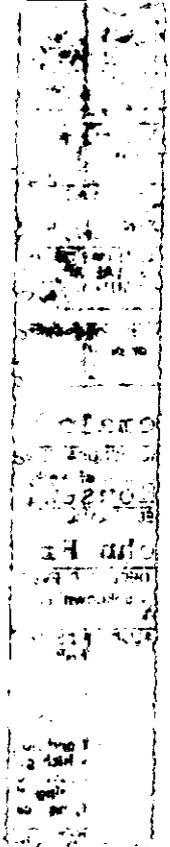
Registration District No. 100 Primary Registration District No. Registrar's No. 52

| | | | | | | | | |
|--|--|---|--|---|--|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY Dent County | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent | | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Watkins TWP | | Length of stay in 1b 10yr | | c. CITY OR TOWN Lenox, Missouri | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Lenox, Mo. Watkins TWP | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Lenox, Missouri | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Eaves | | | | 4. DATE OF DEATH Month Day Year June 28, 1960 | | | | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH July 4, 1879 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | | 11. BIRTHPLACE (City and state or country) Reynolds County | 12. CITIZEN OF WHAT COUNTRY U. S. A. | | |
| 13a. FATHER'S NAME John Freeze | | | 13b. MOTHER'S MAIDEN NAME Martha Grey | | 14. NAME OF HUSBAND OR WIFE Henry Eaves | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X | | | 16. SOCIAL SECURITY NO. X | 17. INFORMANT Address Mrs. Lloyd Martin Maples, 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) <i>Generalized Carcinomatous</i> DUE TO (b) <i>Carcinoma of Colon</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. 2 yrs. | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. | | Month, Day, Year | | | | | | |
| 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. I attended the deceased from 3-12-55 to 6-28-60 and last saw her/him alive on 6-12-60 Death occurred at 3:00 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>R. M. Martin, M.D.</i> | | | | 22b. ADDRESS Salem, Mo. | | 22c. DATE SIGNED 7-1-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-29-1960 | 23c. NAME OF CEMETERY OR CREMATORY Enke, Cem. | | 23d. LOCATION (City, town, or county) Lenox, Missouri | | (State) | | |
| 24. FUNERAL DIRECTOR SPENCER FUNERAL HOME INC. | | | 25. DATE RECD. BY LOCAL REG. 6/28/60 | | 26. REGISTRAR'S SIGNATURE <i>M. M. Mark, M.D.</i> | | | |

DOCUMENT

MEDICAL CERTIFICATION

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

Student _____
Signature of Student Embalmer

Signed Carl H. Dwyer

Licensed Embalmer No. 938

P. O. Address Salina

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