RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED VS DEC 6 1960

DED

Registration District No. 347 Primary Registration District No. _____ Registrar's No. 35

-60-044872
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Stone

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Tw — Length of stay in 1b Life

c. CITY OR TOWN Galena — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS Galena Rt-1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle E Last Eby

4. DATE OF DEATH Month Nov Day 17 Year 1960

5. SEX F

6. COLOR OR RACE Wh

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3-29-1873

9. AGE (last birthday) 87

IF UNDER 1 YEAR: Months 6 Days 18 — IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Cole Co. Mo

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Geo. Washington Gouge

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE William Eby (Dead)

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. 500-01-1410

17. INFORMANT Mrs Dollie Rogers. Address Galena Mo.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Occlusion right Subclavian Artery Sept 9 1960

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Sept. 9, 1960, to Death and last saw her alive on Nov. 10, 1960

Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred L. Hommock (Degree or title) M.D.

22b. ADDRESS Cuba Mo

22c. DATE SIGNED 11-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov 19-1960

23c. NAME OF CEMETERY OR CREMATORY Galena Cemetery

23d. LOCATION (City, town, or county) (State) Galena Mo

24. FUNERAL DIRECTOR Everett J. Cheatham — ADDRESS Galena Mo

25. DATE RECD. BY LOCAL REG. Nov 30. 60

26. REGISTRAR'S SIGNATURE Mrs Jo Ann Brown

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena

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