

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019755

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. 5887 Registrar's No. 25

DO NOT WRITE ON THIS STUB

AMENDED

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>FILED MAY 21 1962</b>  |   | 1. PLACE OF DEATH<br>a. COUNTY <u>Ozark</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Udall</u>   |   | Length of stay in lb <u>71 yrs.</u>   |  | c. CITY OR TOWN <u>Udall</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Alice Anna Eaves</u>  |   |   | 4. DATE OF DEATH Month Day Year<br><u>April 18, 1962</u>   |   |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>wht.</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <u>1/17/1889</u>  | 9. AGE (last birthday) <u>73 yrs.</u>   | 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)<br><u>housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country) <u>Udall, Mo.</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>   |   | 13a. FATHER'S NAME <u>N. B. Mitchell</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Ada Spradling</u>  |   |
| 14. NAME OF HUSBAND OR WIFE <u>James Eaves</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. <u>no</u>   |   |
| 17. INFORMANT <u>James Eaves, Udall, Mo.</u>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute dilatation of heart</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mental degeneration</u><br>DUE TO (c) <u>Senile degeneration</u> |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| 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.<br><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 <u>11-7-62</u> to <u>4-18-62</u> and last saw <u>her</u> alive on <u>4-18-62</u><br>Death occurred at <u>10:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |   |
| 22a. SIGNATURE <u>D. S. Jones</u> (Degree or title) <u>Dr.</u>  |   | 22b. ADDRESS <u>Oshtemo, Mo.</u>  |  | 22c. DATE SIGNED <u>4-30-62</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |   | 23b. DATE <u>4-20-62</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY <u>Udall Cemetery</u>  |   |
| 23d. LOCATION (City, town, or county) <u>Udall, Ozark, Mo.</u>  |   | 23e. STATE (State)  |  |   |   |
| 24. FUNERAL DIRECTOR <u>Robertson's, West Plains, Mo.</u> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG. <u>5-18-62</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Louanna Wade</u>   |   |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                  |
|------------------|
| VS 300 Rev. 4/59 |
| 1 <u>0770</u>    |
| 2 <u>0770</u>    |
| 3 <u>1</u>       |
| 4 <u>1</u>       |
| 5 <u>1</u>       |
| 6                |
| 7 <u>0</u>       |
| 8 <u>0</u>       |
| 9 <u>304X</u>    |
| 10               |
| 11               |
| 12 <u>90-2</u>   |
| 13 <u>2-1</u>    |

JUN 19 1962

No permits obtained

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 L. R. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.