

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024060

Registration District No. 137 Primary Registration District No. 30265 Registrar's No. 176

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 2 weeks	c. CITY OR TOWN Appelton City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 211 Burbank Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) THELMA FAYE EATON			4. DATE OF DEATH Month June Day 7 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/31/15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Employee		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 47
11. BIRTHPLACE (City and state or country) Benton Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Hudgens		13b. MOTHER'S MAIDEN NAME Viola Jones	
14. NAME OF HUSBAND OR WIFE John Eaton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-38-2666		17. INFORMANT John Eaton, Appelton City, 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) Medullary Paralysis			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatic Failure & Ketoacidosis			6 days
DUE TO (c) Metastatic Adenocarcinoma of Breast			Unknown
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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. I attended the deceased from 5-10-63 to 6-7-63 and last saw her/him alive on 6-7-63 Death occurred at 1:35 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clinton L. Glesp AO		22b. ADDRESS Clinton Mo.	22c. DATE SIGNED 6/8/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1963	23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	23d. LOCATION (City, town, or county) Calhoun, Missouri
24. FUNERAL DIRECTOR Consalus	ADDRESS Clinton, Mo.	25. DATE RECD. BY LOCAL REG. June 10-1963	26. REGISTRAR'S SIGNATURE Mildred Biguro

USE BLACK INK OR TYPEWRITER RIBBON

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Glaspie

JUN 18 1963

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Permit Obtained 6-8-63 (M.B.)

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 *Eugene R. Lovelace*

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.