

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>CLinton</u>		c. CITY OR TOWN <u>CLinton</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>R R #2</u> <u>0420</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>RISSIE</u> c. (Last) <u>Eaton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG 19 1883</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>B-BRANCH, ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	

13a. FATHER'S NAME <u>GEO OUTLAND</u>		13b. MOTHER'S MAIDEN NAME <u>Jymanda MORGAN</u>		14. NAME OF HUSBAND OR WIFE <u>James Albert Eaton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James A Eaton</u> ADDRESS <u>Clinton Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <u>Hypotension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Congestive failure</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Central Thrombosis</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10/23, 1955, to 1-5, 1956 that I last saw the deceased alive on 1-5, 1956, and that death occurred at 2:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Gus W. [Signature]</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-6-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/8/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Consoles</u> ADDRESS <u>Clinton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
J. E. Conner

Licensed Embalmer No. *189*

P. O. Address *Clinton*

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.