

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013508

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 7 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deercreek township		Length of stay in 1b 39 yrs	c. CITY OR TOWN Clinton RR#2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton RR#2 home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Beercreek Township
3. NAME OF DECEASED (Type or print) First JAMES Middle ALBERT Last EATON		4. DATE OF DEATH Month April Day 15 , Year 1961	
5. SEX Male	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 3/23/77
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Cole Station, Ill.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Milton Eaton	
13b. MOTHER'S MAIDEN NAME Virginia Fifer		14. NAME OF HUSBAND OR WIFE Deceased 1956	
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. None	
17. INFORMANT Ernest Eaton, Clinton, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation		3 yrs	
DUE TO (c) hypertension		3 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 12-12-60 to 4-15-61 and last saw him alive on 4-14-61		Death occurred at 7:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) R J Powell DO		22b. ADDRESS Clinton Mo	22c. DATE SIGNED 4/20/61
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 4/16/61	23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	23d. LOCATION (City, town, or county) (State) Henry Co., Missouri
24. FUNERAL DIRECTOR Consalus	ADDRESS Clinton, Missouri	25. DATE RECD. BY LOCAL REG. April, 20, 1961	26. REGISTRAR'S SIGNATURE Kaldred Biguna

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

State of _____
 County of _____
 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

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. Corsalus

Licensed Embalmer No. 4680

P. O. Address Clinton, N.Y.

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.

Printed and Published by the _____

