No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18836

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 40 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cape Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oak Ridge Mo.
d. STREET ADDRESS (If rural, give location): 1 6 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): JUNITA
b. (Middle): REID
c. (Last): EATON

4. DATE OF DEATH (Month) (Day) (Year): June 26 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21-1914
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Oak Ridge Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Rufus Reid
13b. MOTHER'S MAIDEN NAME: Cora Wells
14. NAME OF HUSBAND OR WIFE: John W Garland Eaton

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Tileta Engler — **ADDRESS**: Oak Ridge Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Intra Medullary Hemorrhage

DUE TO (c) Medullary Tumor

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 23 3/4

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6/17, 1949, *to* 6/26, 1949, *that I last saw the deceased alive on* 6/26, 1949, *and that death occurred at* 10:28p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. L. Newell D.O.
23b. ADDRESS: Cape Girardeau, Mo
23c. DATE SIGNED: 6/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 29-49
24c. NAME OF CEMETERY OR CREMATORY: Rose Lawn Memorial Park
24d. LOCATION (City, town, or county) (State): Festus Mo.

DATE REC'D BY LOCAL REG.: 6-29-1949
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: B. Milley — **ADDRESS**: Jackson

(Licensed Embalmer's Statement on Reverse Side)

WED 7-5-49

Health Officer No. 4

File Number 749-866

Date Filed

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 .....
Student Embalmer

Signed Lene C. C. [illegible]

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss.

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 this body is not embalmed, fact should be so stated above.