

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>12234</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>1 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) <u>Millacent</u>			a. (First)		b. (Middle) <u>Eaton</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>7</u>		(Year) <u>1949</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>Nov. 18, 1874</u>		
9. AGE (In years last birthday) <u>74</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>20</u>		if UNDER 1 WKS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Monroe Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Long</u>		
14. NAME OF HUSBAND OR WIFE <u>G. Loin Eaton</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'S SIGNATURE OR NAME <u>Rear Admiral Eaton</u>				ADDRESS <u>Memphis Mo</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus or thrombus</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u> <u>6 mos.</u> DUE TO (c) <u>Arterio sclerotic heart disease</u> <u>2 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ <u>4572</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Aug 7, 1949</u> , to <u>8:30 am, Aug 7, 1949</u> , that I last saw the deceased alive on <u>Aug 7, 1949</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter T. Eadie, MD</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>Aug 8, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 16-49</u>		REGISTRAR'S SIGNATURE <u>Walter T. Eadie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl W. ...</u> ADDRESS <u>Memphis Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-49-145
Date Filed AUG 22 1949

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.

Signed Paul Gorth

Signed _____
Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Memphis

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.