

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2189

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 112 School		d. STREET ADDRESS (If rural, give location) 112 School	

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) L c. (Last) Eaton	4. DATE OF DEATH (Month) (Day) (Year) January 25, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 27, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) care of home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME John W. Bean	13b. MOTHER'S MAIDEN NAME Dont know	14. NAME OF HUSBAND OR WIFE James W. Eaton
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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'S SIGNATURE OR NAME Jess Eaton Cantwell, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2-19
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid Arthritis D.K		
	DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7220			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **12-12-1948** to **Jan. 24, 1950** that I last saw the deceased alive on **Jan. 24, 1950** and that death occurred at **5:50 a.m.** from the causes and on the date stated above.

23a. SIGNATURE A. L. Quoniz M.D. (Degree or title)	23b. ADDRESS Bonne Terre Mo	23c. DATE SIGNED 1-26-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 27-50	24c. NAME OF CEMETERY OR CREMATORY Mitchell	24d. LOCATION (City, town, or county) (State) Mitchell, Mo.
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DATE REC'D BY LOCAL REG. Jan. 24, 1950	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer, Desloge, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-147

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

B.T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 this body is not embalmed, fact should be so stated above.