

No. 300
10. 48

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3591

State File No. _____

Registrar's No. 7

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6166</u>		State File No. _____		Registrar's No. <u>7</u>					
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> <u>1040</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hurley</u>			c. LENGTH OF STAY (in this place) <u>58 Yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hurley</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crane, Missouri Rt. #2</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles SE Hurley, Missouri</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>			b. (Middle) <u>none</u>			c. (Last) <u>Eaton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>May 3, 1891</u>		9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Daniel Boone Eaton</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Carr</u>				14. NAME OF HUSBAND OR WIFE <u>never married</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O. G. Eaton</u> ADDRESS <u>Rt. 2, Crane, Missouri</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* <u>Sepsis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>17em</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____		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>Jan - 4, 1950</u> , to <u>Jan - 15, 1950</u> ; that I last saw the deceased alive on <u>Jan 15, 1950</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>O. G. Eaton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Crane, Mo.</u>				23c. DATE SIGNED <u>1-16-50.</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Short Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Stone County Missouri</u>						
DATE REC'D BY LOCAL REG. <u>Jan 23-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>			ADDRESS <u>Clever, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1950
District Health Office No. 6,
District File Number 250-200
Date Filed 2-10-50

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 This Body was not Embalmed Signed John Dean Harris
..... Licensed Embalmer No. 4390
Student Embalmer

P. O. Address Cleveland, 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.