

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19096

No. 300

10-48

State File No. ....

REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Castor		c. CITY (If outside corporate limits, write RURAL and give township) Rural Castor 1030	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) RUTLEDGE		b. (Middle) THERON	
c. (Last) EATON		DEATH Apr. 22, 1950	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1882
9. AGE (In years last birthday) 67	# UNDER 1 YEAR 6 Months	# UNDER 24 HRS. 3 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Bloomfield, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Wm. Eaton		13b. MOTHER'S MAIDEN NAME Eady Reed.	
14. NAME OF HUSBAND OR WIFE Zora Eaton			
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 Mrs. Zora Eaton		ADDRESS Bloomfield, Mo. R.1	
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			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		331X	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Coloves Stent since year			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		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 January, 1946, to April 20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. L. Davis (Degree or title)		23b. ADDRESS Bloomfield Mo	
23c. DATE SIGNED April 28, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11		24b. DATE Apr. 26, 50	
24c. NAME OF CEMETERY OR CREMATORY North Antioch cem.		24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri	
DATE REC'D BY LOCAL REG. May 11-50		REGISTRAR'S SIGNATURE Rose W. Weber 355	
25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.		ADDRESS Bloomfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15  
RECEIVED  
District Health Office  
District File Number 550  
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 Lulu

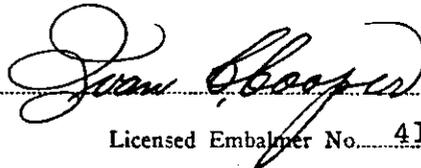
Cooper # 3499

Student ~~(X) (S) (M) (F) (O) (S) (X)~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.