S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30892

BIRTH NO. FILED OCT 10 1951 REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 38

0-690
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1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL-JACKSON
c. LENGTH OF STAY (in this place) 5 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PLEASANT VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL, JACKSON TWP. 0670
d. STREET ADDRESS (If rural, give location) R.F.D. PARIS

3. NAME OF DECEASED (Type or Print) a. (First) MYRA b. (Middle) CONNORS c. (Last) EADES

4. DATE OF DEATH (Month) (Day) (Year) OCT. 2, 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH DEC. 19, 1870
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 9 Days 13 | 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 OWN HOME
11. BIRTHPLACE (State or foreign country) MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME STEPHEN ~~NOT KNOWN~~ CONNER
13b. MOTHER'S MAIDEN NAME JOSEPHINE ~~NOT KNOWN~~ EDWARDS
14. NAME OF HUSBAND OR WIFE FLETCHER EADES

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. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. T. Eades, BOSTON, MASS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9/11/51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 7 Mk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331 X

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* Oct 1, 1951, *to* 10-2, 1951, *that I last saw the deceased alive on* 10-1, 1951, *and that death occurred at* 3:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS PARIS, MO
23c. DATE SIGNED 10-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10-4-51
24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL
24d. LOCATION (City, town, or county) (State) NEAR PARIS, MO.

DATE REC'D BY LOCAL REG. 10-2-51
REGISTRAR'S SIGNATURE F. A. Barnett M.D. 435
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1958

Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2 1787
District File Number 10-51-1988
Date Filed: OCT 8 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.