

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8339

1225

FILED MAR 29 1952

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0480
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor			d. STREET ADDRESS (If rural, give location) RR 4, Box 687		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A c. (Last) Eaton			4. DATE OF DEATH (Month) (Day) (Year) Mar. 14, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 3, 1872		9. AGE (in years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter	10b. KIND OF BUSINESS OR INDUSTRY building trade		11. BIRTHPLACE (City and State or Foreign Country) Oswago, Mich.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME MR Parley Eaton		13b. MOTHER'S MAIDEN NAME Caroline Finch		14. NAME OF HUSBAND OR WIFE Etta Eaton (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Farrand, RR 4, Independence, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 20 yr 14500
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)		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/20</u> <u>1951</u> , to <u>3/14</u> , 1952, that I last saw the deceased alive on <u>3/13</u> , 1952 and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph A. Fogarty</u>			23b. ADDRESS 402 Withman St. Independence, Mo.		23c. DATE SIGNED 3/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/17/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.
DATE REC'D BY LOCAL REG. 3-15-52		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo Carson</u> Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

3008

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 _____

Dean W. Huff

Student Embalmer No. *446*

working under my personal supervision.

Student *Dean W. Huff*
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.