

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

244

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	c. LENGTH OF STAY (in this place) <p style="text-align: center;">25 years</p>	c. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Missouri Methodist Hospital</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">206 N. 19th St. 01170</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Glendora</p>	b. (Middle) <p style="text-align: center;">Edna</p>	c. (Last) <p style="text-align: center;">Eaton</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">January 14, 1954</p>
5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">April 24, 1886</p>
9. AGE (In years last birthday) <p style="text-align: center;">68</p>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">own home</p>	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Harrison County, Missouri</p>
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			

13a. FATHER'S NAME <p style="text-align: center;">George W. Pryor</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">America Jane Spear</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Clarence T.</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Gray Hatten, R.#1, St. Joseph, Mo.</p>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH MO.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">CEREBRAL VASCULAR INSUFFICIENCY</p>		UNKNOW
	ANTECEDENT CAUSES HEART DISEASE, ARTERIOSCLEROTIC DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
DUE TO (c) <p style="text-align: center;">ARTERIOSCLEROSIS, GENERAL</p>		UNKNOW	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4500</p>	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)	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 12/14/53, 19 , to 1/14/54, 19 , that I last saw the deceased alive on 1/13/54, 19 , and that death occurred at 5:35a. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;"><i>Allen Spierman</i></p>	(Degree or title) <p style="text-align: center;">M. D.</p>	23b. ADDRESS <p style="text-align: center;">706 FRANCIS, ST. JOSEPH, MO.</p>	23c. DATE SIGNED <p style="text-align: center;">1/15/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">1/16/1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Ridgeway Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Ridgeway, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Jan 19, 1954</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Bethen M. Allison</i></p>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;"><i>Newton - Bowman St Joseph Mo</i></p>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *James B. Hawkins*.....

Licensed Embalmer No. 45.....

P. O. Address 317 E. 10th.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.