

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Wayne</u> <u>119</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mill Spring</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mill Spring</u> <u>1110</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give locality) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>COV</u>	b. (Middle) <u>ODIE</u>	c. (Last) <u>EATON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1915</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insured operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insured</u>	11. BIRTHPLACE (For use with State or Foreign Country) <u>Mill Spring, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Wesley Eaton</u>	13b. MOTHER'S MAIDEN NAME <u>Phonema Bayard</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen Ruth Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>498-07-2559</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Ruth Eaton</u>	ADDRESS <u>Mill Spring, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of the aorta</u>		INTERNAL BETWEEN ONSET AND DEATH <u>20 to 30 min</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Rupture of the Transverse Colon</u>			<u>20 to 30 min</u>
	DUE TO (c) <u>Rupture of Left Kidney</u>			<u>20 to 30 min</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gun Shot Wound</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E981X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tavern</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Mill Spring Wayne Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 9-54 7:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Homicide - 12th Shot Gun</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin E. Bowler, Coroner</u>	23b. ADDRESS <u>Piedmont, Mo.</u>	23c. DATE SIGNED <u>1-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carson Hill</u>	24d. LOCATION (City, town, or county) (State) <u>New Mill Spring, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u> <u>460</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon H. Cash</u>	ADDRESS <u>Piedmont, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 18 1954

WAYNE CO. HEALTH CENTER

FILE No. 154-2

FEB 5 1957

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *M. E. Bowles*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, N.C.*

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.