

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington
c. LENGTH OF STAY (in this place) township) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lexington Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Ray
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden 0870
d. STREET ADDRESS (If rural, give location) 2 miles east

3. NAME OF DECEASED (Type or Print)
a. (First) Ora b. (Middle) _____ c. (Last) Eaton

4. DATE OF DEATH (Month) (Day) (Year)
April 4, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Sept. 16, 1873

9. AGE (In years last birthday) 71

IF UNDER 1 YEAR Hours Days IF UNDER 24 HRS. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Orlando Eaton

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Roxie Lee Baker Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
August Eaton Richmond, 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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart dis.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4000

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 4-3, 1955, to 4-4, 1955, that I last saw the deceased alive on 4-4, 1955, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Crozier M.D.

23b. ADDRESS Richmond, Mo.

23c. DATE SIGNED 4-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 7, 1955

24c. NAME OF CEMETERY OR CREMATORY South Point

24d. LOCATION (City, town, or county) (State) Orrick, Mo.

DATE REC'D BY LOCAL REG. 4-10-55

REGISTRAR'S SIGNATURE M. M. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
B. W. Good Orrick, Mo.

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

MAY 5 1996

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 Charles F. Taylor

Signed.....
Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Liberty 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.