

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

411338

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 641

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE - Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. LENGTH OF STAY (in this place) 9 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 909 So. Second St.		e. STREET ADDRESS (If rural, give location) 909 So. Second St.	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Edward c. (Last) Eaton			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1955		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 27, 1896		9. AGE (in years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John Eaton		13b. MOTHER'S MAIDEN NAME Ora Rider		14. NAME OF HUSBAND OR WIFE Frances Schmitz	
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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) Yes W.W.I		16. SOCIAL SECURITY NO. 489-03-3939		17. INFORMANT'S SIGNATURE OR NAME Frances Eaton		ADDRESS DeSoto, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic cardio-vascular		ANTECEDENT CAUSES DUE TO (b) renal disease				years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Coronary thrombosis 4/2X apr. 12, 55					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 9, 1955, to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marie Parria M.D.		23b. ADDRESS DeSoto, Mo.		23c. DATE SIGNED Dec 27, 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/22/55		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) De Soto Mo.	
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DATE REC'D BY LOCAL REG. 12-27-55		REGISTRAR'S SIGNATURE Marie Parria		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS DeSoto, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 29 1955

JAN 18 1956

DEC 30 1955

DEC 30 1955

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.....
Andrew H. English

Licensed Embalmer No.....
40

P. O. Address.....
DeSoto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.