

XC-1717975

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 RN 11631
 FILED AUG 10 1956

STATE FILE NUMBER

 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 403

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Butler	a. STATE	Missouri b. COUNTY
			Madison
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN Poplar Bluff	c. CITY OR TOWN	Fredericktown <u>0627</u>
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location)	Length of stay in lb	d. STREET ADDRESS	(If outside, give location)
HOSPITAL OR INSTITUTION VA Hospital		116 Mine LaMotte	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Wright			Month Day Year July-18, 1956			
Middle Emory						
Last Eaton						
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male	white	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	SEPT. 11, 1892	63	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Watch maker		Jewelry		Bonne Terre, Mo.	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
James Eaton			Ella Kirkpartick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address			
yes WWI		Unknown	VA Hospital Records			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of prostate with metastases to bones.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY			177X		
Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
WA					

21. I attended the deceased from <u>May 7, 1956</u> , to <u>July 18, 1956</u>		22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
Death occurred at <u>6:45 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		<u>Ernest M. Tapp, M.D., Manager</u>		<u>VAH, POPLAR BLUFF, MO.</u>	<u>7/19/56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Removal	7-20-56	Bonne Terre Cem.	Bonne Terre, Mo.	By
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
Frank-Cotrell Poplar Bluff, Mo.		7/30/56		PH Trustice min

(Licensed Embalmer's Statement on Reverse Side)

 Health,
 Welfare
 Public
 Service
300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
AUG 8 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____

Licensed Embalmer No. 29

P. O. Address _____

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.