

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006424
State File No.

FILED MAR 10 1958

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. _____ Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Home</u>		e. STREET ADDRESS (If rural, give location) <u>0630</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Millie</u>	b. (Middle) <u>Octavia</u>	c. (Last) <u>Eads</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>26 Dec 1884</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	11. UNDER 1 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas R Shockley</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane McGee</u>	14. NAME OF HUSBAND OR WIFE <u>Benjamin Eads</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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Hutchison</u>	ADDRESS <u>Vienna, 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, asphemia, 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) <u>Acute myocardial failure due to</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Rheumatoid arthritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>			

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) <u>4200</u>
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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 1956 to Feb 28, 1958, that I last saw the deceased alive on Feb 19, 1958, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>James P. ...</u>	(Degree or title)	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>3/3/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2 Mar 58</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>Rader Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Twp. Maries Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/5/58</u>	REGISTRAR'S SIGNATURE <u>A. Maybelle White</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>Vienna, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

2632

52

MAR 11 1958

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.....
W.C. Birmingham

Licensed Embalmer No. 366

P. O. Address *Prima*

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.