

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025243
State File No. _____

FILED JUL 28 1958

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. CITY (If outside corporate limits, write RURAL and give township) Bethany	
c. LENGTH OF STAY (In this place) 17 yr		d. STREET ADDRESS (If rural, give location) 2239 Oakland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			
3. NAME OF DECEASED (Type or Print) a. (First) Victor		b. (Middle) Raymond	
c. (Last) Eades		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 4-12-1908
9. AGE (In years last birthday) 50		10. MONTHS 3	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Radio technician	
11. BIRTHPLACE (City and State or Foreign Country) Catlin, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Victor Rayburn Eades		13b. MOTHER'S MAIDEN NAME Zella Phillebaum	
14. NAME OF HUSBAND OR WIFE Ruth (Divorced)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 461-05-4776		17. INFORMANT'S SIGNATURE OR NAME Zella Maxey, Bethany, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 12 yrs. plus	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 002X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-1, 1942 to 7-20, 1958 , that I last saw the deceased alive on 7-20, 1958 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE W. O. Broyer MD (Deputy Title)		23b. ADDRESS Bethany, Mo.	
23c. DATE SIGNED 7/22/1958		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/23/1958		24c. NAME OF CEMETERY OR CREMATORY Miriam	
24d. LOCATION (City, town, or county) (State) Bethany, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. S. ...	
DATE REC'D BY LOCAL REG. 7-24-58		REGISTRAR'S SIGNATURE Zella Maxey	
25. FUNERAL DIRECTOR'S ADDRESS Bethany, Mo		25. FUNERAL DIRECTOR'S ADDRESS	

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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

Student Embalmer

Signed _____

M. H. Hester

Licensed Embalmer No. 3899

P. O. Address Billingham 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.