

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026656

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 24

7300
300
1-57

1. PLACE OF DEATH a. COUNTY <i>St. Clair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Appleton City</i>		c. CITY OR TOWN <i>Montrose</i> 0070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Ellett Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>Rt. 2</i>	
3. NAME OF DECEASED (Type or print) First <i>Bessie</i> Middle <i>Rachel</i> Last <i>Eads</i>		4. DATE OF DEATH Month <i>July</i> Day <i>26</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>December 27, 1889</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Anita Iowa</i>
13a. FATHER'S NAME <i>Ben Barickman</i>		13b. MOTHER'S MAIDEN NAME <i>Rosella Turk</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Eads</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>49440 7175</i>	17. INFORMANT Address <i>Charles Eads Rt 2 Montrose, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction, acute</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4201</i>
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 Hour _____ Month, Day, Year _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <i>24 July 58</i> to <i>26 July 58</i> and last saw her alive on <i>26 July 58</i> Death occurred at <i>1:55</i> m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) <i>W. E. Eads M.D.</i>		22b. ADDRESS <i>Appleton City</i>	22c. DATE SIGNED <i>25 July 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 29, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dakhill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Butler, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Cubert Underwood Butler, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>July 29, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Oles Kney</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Robert G. Steimbach*

Licensed Embalmer No. *4657*

P. O. Address *Bartlett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.