

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033354
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Lexington Memorial Hospital		d. STREET ADDRESS (If outside, give location) 1618 South Street			
3. NAME OF DECEASED (Type or print) First Edith Middle Garr Last Eaton		4. DATE OF DEATH Month August Day 17 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED	8. DATE OF BIRTH March 29, 1871		
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Dover, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George W. Garr			
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Slusher		14. NAME OF HUSBAND OR WIFE B.F. Eaton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) NO		16. SOCIAL SECURITY NO. None			
17. INFORMANT Address Mrs. Woodson Barnett, Lexington, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) congestive heart failure DUE TO (c) Coronary insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis 4501		INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 weeks 1 year	
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 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			
21. I attended the deceased from Aug 9 1958 to Aug 17 1958 and last saw her alive on Aug 17 1958 Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Of decedent or title) Ralph W. Kelly md.			
22b. ADDRESS Lexington		22c. DATE SIGNED 9-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 19, 1958			
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Lexington, Missouri.			
24. FUNERAL DIRECTOR Forest T. Pugh, Lexington, Missouri		25. DATE RECD. BY LOCAL REG. 9-22-58			
26. REGISTRAR'S SIGNATURE Thomas E. Eadsback					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 *Leo M. Khan*

Licensed Embalmer No. *7983*
P. O. Address *Lawyers, Minn*

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.