MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012029
STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 33 Registrar's No. 14

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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2	0730
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stark City — Length of stay in 1b: 1 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY: Newton
c. CITY OR TOWN: Stark City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ira — Middle: Wellis — Last: Eaton
4. DATE OF DEATH: Month: Febr. — Day: 28 — Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/16.1900
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Shopville, K. Y.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Eaton
13b. MOTHER'S MAIDEN NAME: Minerva Ping
14. NAME OF HUSBAND OR WIFE: Susie Eaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Susie Eaton — Address: Stark City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary Tuberculosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Neck

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/18/61, to 2/28/62 and last saw ~~her~~ him alive on 2/27/62
Death occurred at One a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: Caldwell Memorial Hosp Stella Mo
22c. DATE SIGNED: 3/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/3/1962
23c. NAME OF CEMETERY OR CREMATORY: Union Cem.
23d. LOCATION (City, town, or county) (State): Stella, Mo. Rural

24. FUNERAL DIRECTOR — ADDRESS: Wm Marvin Pogue Wheaton Mo
25. DATE RECD. BY LOCAL REG.: 3-6-62
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 22 1962

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_____ Signed Wm Marvin Rogers

Signature of Student Embalmer

Licensed Embalmer No. 3447

P. O. Address Wheatland, 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.