

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 193

VS 300
Rev. 4/59

6940
20940

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 15 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) Desloge		a. STATE Missouri b. COUNTY St. Francois	
c. FULL NAME OF HOSPITAL OR INSTITUTION 305 S Grant St.		Length of stay in 1b 52 years		c. CITY OR TOWN Desloge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 305 S. Grant		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Clara Middle Bella Last Eaves			Month May Day 8 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1886	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Iron County, Mo.	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Charels B. Valle		13b. MOTHER'S MAIDEN NAME Nancy Alice Edison	
14. NAME OF HUSBAND John L. Eaves		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. John L. Eaves, Desloge, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Autobulbar	
IMMEDIATE CAUSE (a) Coronary thrombosis		DUE TO (b) Arterio-sclerosis coronary artery			
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Left bundle branch block		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 1959 to May 8-1962 and last saw her alive on 5-7-62		Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.C. Garber M.D. (degree or title)		22b. ADDRESS Desloge Mo		22c. DATE SIGNED 5-8-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/11/1962	23c. NAME OF CEMETERY OR CREMATORY Edison Cemetery, near Belleview, Iron Co. Mo		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR C.Z. BOYER & SON ADDRESS Desloge, Mo.		25. DATE RECD. BY LOCAL REG. May 8, 1962		26. REGISTRAR'S SIGNATURE Eather Rudloff	

USE BLACK INK OR TYPEWRITER RIBBON

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

B. T. Bayard

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.