

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024328

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 265

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6941  
20940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <del>DATE OF DEATH</del> <b>JUN 26 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Francois</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Francois</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bonne Terre</b>		c. CITY OR TOWN <b>Desloge</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <b>11 day's</b>		d. STREET ADDRESS (If outside, give location) <b>101 S 6th. St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<b>Noah Aubry Eaton</b>		<b>June 20th. 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1892 - 69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead Miner (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mining</b>	11. BIRTHPLACE (City and state or country) <b>St. Francois Co. Mo - U S A</b>
13a. FATHER'S NAME <b>Matthew Eaton</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Foshee</b>	14. NAME OF HUSBAND OR WIFE <b>Gertie Hancock Eaton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs. Gertie Eaton, Desloge, Mo.</b>	
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
IMMEDIATE CAUSE (a) <b>Pneumonia</b>			<b>11 days</b>
DUE TO (b) <b>Bronchial Asthma and Chronic obstructive emphysema</b>			<b>(known) 5 years.</b>
DUE TO (c) <b>Hemiplegia (left)</b>			<b>12 days</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 <b>June 8, 1962</b> , to <b>June 20, 1962</b> and last saw him alive on <b>June 20, 1962</b>		Death occurred at <b>1:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>J.L. Foster M.D.</b> (Degree or title)		22b. ADDRESS <b>Desloge Mo.</b>	22c. DATE SIGNED <b>6-21-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/23/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prakview Cemetary</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois Co. Mo.</b>
24. FUNERAL DIRECTOR <b>C. Z. Boyer &amp; Son</b> ADDRESS <b>Desloge Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 21, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>

**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. Boyer

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.