

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
MILLED 004 64

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 0041735 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 7 1964**

VS 300  
Rev. 4/59

1 0941  
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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. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Length of stay in 1b <b>3 day's</b>	c. CITY OR TOWN <b>Farmington</b>
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"/>	d. STREET ADDRESS (If outside, give location) <b>705 Kansas St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Aaron Jessie EATON</b>			4. DATE OF DEATH Month Day Year <b>October 26th. 1964</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12, 1873 - 90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Company</b>	11. BIRTHPLACE (City and state or country) <b>Terra Haute, Ind.</b>
13a. FATHER'S NAME <b>Aaron Eaton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hayes</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Eaton (Dec)</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>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Walter Huie, Farmington, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>			
DUE TO (c) <b>BRONCHOPNEUMONIA</b>			<b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>UREMIA</b>			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? <b>NO</b>	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>10-24-64</b> to <b>10-26-64</b> and last saw him alive on <b>10-26-64</b> Death occurred at <b>12:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. E. Carleton MD</b>		22b. ADDRESS <b>Farmington Mo</b>	22c. DATE SIGNED <b>10-28-64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/29/1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Francois Co. Mo.</b>
24. FUNERAL DIRECTOR <b>C. Z. Boyer &amp; Son, Desloge, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 28, 1964</b>	26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>

247-1430  
Missouri

No. 1031-14  
Missouri  
1917

**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. Bayes

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.