

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21149**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck 0940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Etta c. (Last) Eaton		4. DATE OF DEATH (Month) (Day) (Year) June 9 - 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 17 1872
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR 0 MONTHS 0 DAYS 22 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Groceries	
11. BIRTHPLACE (State or foreign country) Caledonia Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Newman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joseph S. Eaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Ira Eaton - Farmington, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General & Cerebral Arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES ☒ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 28, 1951**, to **6-9**, 1951, that I last saw the deceased alive on **6-7**, 1951, and that death occurred at **7:24** m., from the causes and on the date stated above.

23a. SIGNATURE F. Richard Cronin M.D. (Degree or title)		23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 6-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Bismarck Mo.	
DATE REC'D BY LOCAL REG. June 9, 1951	REGISTRAR'S SIGNATURE Eather Windloff	25. FUNERAL DIRECTOR'S SIGNATURE Whitlock Funeral Home ADDRESS Bismarck Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 16 1951

DISTRICT HEALTH OFFICE NO. 4

File No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Arcey White

Licensed Embalmer No. *3012*

P. O. Address

Leicester, Mass

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 this body is not embalmed, fact should be so stated above.