# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 0003073 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — JAN 11 1965

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 2 day's
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Desloge — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 108 South Fifth St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Eugenia Middle: Caroline Last: Eaton
4. DATE OF DEATH: Month Day Year: January 7th. 1965
5. SEX: F
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Dec. 8, 1878
9. AGE (last birthday): 86
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): HouseWife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Hazel Run, Missouri USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Thomas Mogteller
13b. MOTHER'S MAIDEN NAME: Emily Rouggly
14. NAME OF HUSBAND OR WIFE: Porter Eaton (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: --
17. INFORMANT Address: Mrs. Harley French, Bonne Terre, 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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): + Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (c): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 20yr's

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had amputation Left thigh Amputation due to gangrene

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1957 to Jan 7, 1965 and last saw her/him alive on Jan 7, 1965
Death occurred at 730 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Foster MA
22b. ADDRESS: Desloge Mo
22c. DATE SIGNED: 1-8-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/11/1965
23c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cemetery
23d. LOCATION (City, town, or county) (State): St. Francois, Co. Mo

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son Desloge, Mo
25. DATE RECD. BY LOCAL REG.: Jan 11, 1965
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

## 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 R. T. Boyd

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.