

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0016830 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 197

MY FILED 11 65

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
1 <u>094</u>		
2 <u>0940</u>		
3		
4 <u>1</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
<u>260x</u>		
10		
11		
12 <u>1-0</u>	INSTEAD OF	
13 <u>1-0</u>		
	DOCUMENT	
	MEDICAL CERTIFICATION	
	BY AFFIDAVIT OF	
	SHOULD READ	
	ITEM NO.	

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>6 hours</u>	c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. R. #2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maude Ethel Eaves</u>			4. DATE OF DEATH Month Day Year <u>May 1st. 1965</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 6, 1890 - 74</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Francois Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Frank Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Elisha Eaves</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Elisha Eaves, Rt. 2 - Bonne Terre, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>		DUE TO (c) <u>Diabetes mellitus</u>		<u>unknown</u>	
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 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 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 <u>1957</u> , to <u>May 1, 1965</u> and last saw her ^{him} alive on <u>May 1, 1965</u> Death occurred at <u>11:50P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. L. Foster MD</u> (Degree or title)			22b. ADDRESS <u>Desloge Mo</u>		22c. DATE SIGNED <u>5-5-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/5/1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oddfellow Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
24. FUNERAL DIRECTOR <u>C.Z. Boyer & Son</u> ADDRESS <u>Desloge, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 5, 1965</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>		

USE BLACK INK OR TYPEWRITER RIBBON

