FILED OCT 13 1949

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31213

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3148 Registrar's No. 227

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Barnard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Everett b. (Middle) Affranius c. (Last) Iddings

4. DATE OF DEATH (Month) (Day) (Year): 9-16-1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-24-1923
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months 3, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: laborer
11. BIRTHPLACE (State or foreign country): Maitland-Missouri
12. CITIZEN OF WHAT COUNTRY?: Am.

13a. FATHER'S NAME: David E. Iddings
13b. MOTHER'S MAIDEN NAME: Lydia Maude Owens
14. NAME OF HUSBAND OR WIFE: Bettie Lee Iddings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 446-16-4946
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bettie L. Iddings-Barnard Mo.
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	acute cerebral edema	12 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Skull fracture, basal	1 wk
DUE TO (c)		39023
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		11

19a. DATE OF OPERATION: 14 Sept 49
19b. MAJOR FINDINGS OF OPERATION: Trephine - Cerebral edema
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Halt Advice Co
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Maryville Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 9 1949 10A
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Fell down open elevator shaft

22. *I hereby certify that I attended the deceased from* 9-9-, 1949, *to* 9-16, 1949, *that I last saw the deceased alive on* 9-16-, 1949, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emmett B. Settle M.D. Pathologist
23b. ADDRESS: St Francis Hosp
23c. DATE SIGNED: Maryville Mo. Sept 19

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-1949
24c. NAME OF CEMETERY OR CREMATORY: K of P. Cemetery
24d. LOCATION (City, town, or county) (State): Maitland - Mo.

DATE REC'D BY LOCAL REG.: 9-30-49
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: S M Atchison
ADDRESS: Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 3 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville, Mo.

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.