

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5385

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MACON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rur 2/- HUDSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MACON	
c. LENGTH OF STAY (in this place) 9 DAYS		d. STREET ADDRESS (If rural, give location) 206 JACKSON ST.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle)	c. (Last) ELDRIDGE	4. DATE OF DEATH (Month) (Day) (Year) 1 1 1950
---	-------------	---------------------------	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 20 1964	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-----------------	---------------------------	--	-------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

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

13a. FATHER'S NAME George Reicher	13b. MOTHER'S MAIDEN NAME MAGGIE BOWENKE	14. NAME OF HUSBAND OR WIFE John Eldridge
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edgar Eldridge	ADDRESS Horton Kan
--	-------------------------	--	------------------------------

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, asthma, 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) CEREBRAL HEMORRHAGE		5 DAYS
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ESSENTIAL HYPERTENSION?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 15, 1945**, to **JANUARY, 1950**, that I last saw the deceased alive on **JAN 1, 1950**, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Andrew T. Still D.O.	(Degree or title)	23b. ADDRESS Still-Hildreth Sanatorium, Macon MO	23c. DATE SIGNED Jan. 1, 1950
---	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan 4-50	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem	24d. LOCATION (City, town, or county) (State) MACON MO
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. 2/11/50	REGISTRAR'S SIGNATURE Ruth McNeely	195	25. FUNERAL DIRECTOR'S SIGNATURE Arthur Skinner	ADDRESS MACON
--	--	-----	---	-------------------------

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

TEST
OF
QUALITY

RECEIVED 2/14/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 3/50/25
Date Filed 2/15/50

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 *Albert Skinner*

Licensed Embalmer No. 75-1

P. O. Address *Macon 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.