S. No. 300
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FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19569

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 4069 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macks Creek Mo
c. LENGTH OF STAY (in this place): all of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macks Creek, Mo.
d. STREET ADDRESS (If rural, give location): 0150

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Thomas
c. (Last): Eidson

4. DATE OF DEATH (Month) (Day) (Year): June 15 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 1 - 1864
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 4, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Mo - Camden Co.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Robert D Eidson
13b. MOTHER'S MAIDEN NAME: Julia Skinner
14. NAME OF HUSBAND OR WIFE: Mary Corlea

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: Emmett D. Eidson
ADDRESS: Windsor

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Interstitial Nephrit
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: about 5 years

592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Feb 21st, 1950, *to* June 15th, 1950, *that I last saw the deceased alive on* June 15, 1950, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. T. Myers M.D.
23b. ADDRESS: Macks Creek Mo
23c. DATE SIGNED: 6-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-50
24c. NAME OF CEMETERY OR CREMATORY: Parrack Grove
24d. LOCATION (City, town, or county) (State): Near Macks Creek Mo.

DATE REC'D BY LOCAL REG.: 6-16-50
REGISTRAR'S SIGNATURE: G. T. Myers M.D. 41
25. FUNERAL DIRECTOR'S SIGNATURE: L. D. Myers
ADDRESS: Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-20-50
District Health Officer No. 7,
District File Number 5-50-695
Date Filed 6-20-50

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 Marvin B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.