

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19810

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5318 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural, Salem Twn</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural, Salem Township</u> | |
| c. LENGTH OF STAY (In this place) <u>63 Yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R.F.# 3, Pattonsburg, Missouri</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>R.F.D.#3, Pattonsburg, Mo</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>A. Iddings</u> c. (Last) _____ | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1950</u> |
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|-----------------------|----------------------------------|--------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 28, 1886</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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|-----------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| 13a. FATHER'S NAME <u>George A. Iddings, Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie M. Stitt</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. N.S. Iddings</u> |
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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World # I</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. N.S. Iddings, R.F.D.#3</u> | ADDRESS <u>Pattonsburg, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> | | INTEVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | |

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

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|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>7, 1950</u> |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|

22. I hereby certify that I attended the deceased ~~from~~ on July, 1950, to ~~XXXXXXX, MO~~, that I last saw the deceased alive on July 7, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John Staver</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Pattonsburg Mo</u> | 23c. DATE SIGNED <u>July 8, 1950</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 11, 50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u> |
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|-------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>12 July 1950</u> | REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis West</u> | ADDRESS <u>Pattonsburg, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0310

JUL 28 1950

JUL 20 1950



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 *Louis J. Hunt* _____

Licensed Embalmer No. *4096* _____

P. O. Address. *Pattonburg, 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.