

## FILED AUG 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. 262296

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 3160	
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) R. 2, Box 435 (Smeltonville)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Eddie	b. (Middle) Elbert	c. (Last) Dandridge	4. DATE OF DEATH (Month) (Day) (Year) August 18, 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 1902	9. AGE (In years last birthday) 47 # UNDER 1 YEAR Months Days # UNDER 1 RES. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (State or foreign country) Brinkley, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Addison Dandridge	13b. MOTHER'S MAIDEN NAME Cecelia Robison	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Carlton, Brinkley, Ark. BOX 217, ADDRESS
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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  3 days 8220 32
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, caused by spinal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) road injury DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation 100	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) near Bloomfield Scott Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug. 15, 1950 about noon	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Jumped over in truck
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22. I hereby certify that I attended the deceased from Aug. 15, 1950, to Aug. 18, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. A. Ritter, M.D.	(Degree or title)	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED Aug 18 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Heaven Rest	24d. LOCATION (City, town, or county) (State) Brinkley, Arkansas
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DATE REC'D BY LOCAL REG. 8-19-1950	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks	ADDRESS Cape Girardeau, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 23 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

SEP 1 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 Frank J. Spantes

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau

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.