

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7618**

APR 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **49** PRIMARY REG. DIST. NO. **4069** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>CAMDEN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>MACKSCREEK</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Macks Creek</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0150</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>CORALLEE</b>	c. (Last) <b>EIDSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-20 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>3-25 1871</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>25</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wm Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Warren</b>	14. NAME OF HUSBAND OR WIFE <b>J J Eidson</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Emmit Eidson</b>	ADDRESS <b>Wm</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>baranary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____		
	DUE TO (c) _____		
11. 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. <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-20-1952**, to **3-20-1952**, that I last saw the deceased **deceased died on my arrival**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G J Myers</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Macks Creek Mo</b>	23c. DATE SIGNED <b>3-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-22 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parade Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Camden Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-24-52</b>	REGISTRAR'S SIGNATURE <b>G J Myers M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R B Spruce</b>	ADDRESS <b>Buffalo Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

150  
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**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 Moses 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.