

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19517

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon Rural</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon Rural</u>		d. STREET ADDRESS (If rural, give location) <u>X 6550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Farm Home</u>				d. STREET ADDRESS (If rural, give location) <u>X 6550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lemon</u> c. (Last) <u>Eden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1954</u>				
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>May 6 - 1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>0</u>		11. DAYS <u>27</u>		12. HOURS & MIN. <u>✓</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Eden</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Stecker</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wife, Mrs Ellen Eden</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic poisoning</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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 <u>July 1, 1953</u> to <u>April 3, 1954</u> that I last saw the deceased alive on <u>June 2, 1954</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D A Helmer</u>				23b. ADDRESS <u>Mt Vernon, Mo</u>		23c. DATE SIGNED <u>6-4-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orange</u>		24d. LOCATION (City, town, or county) (State) <u>6 mi - SE Mt Vernon Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-4-54</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u>			
				ADDRESS <u>Mt Vernon Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

0550

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 George S. Orr

Licensed Embalmer No. 946

P. O. Address Ma Vernon N

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.