No. 300
10-48

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

FILED OCT 3 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29463

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 841

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2455 N. Broadway

0396.0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ELLEN
b. (Middle): RUTH
c. (Last): EDDINGTON

**4. DATE OF DEATH** (Month) (Day) (Year): September 22 1955

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: June 5, 1948
**9. AGE** (In years last birthday): 7 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Student
**10b. KIND OF BUSINESS OR INDUSTRY**: Grade School
**11. BIRTHPLACE** (City and State or Foreign Country): Springfield, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: David W. Eddington
**13b. MOTHER'S MAIDEN NAME**: Bonnie Scribner
**14. NAME OF HUSBAND OR WIFE**: ———
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs David W. Eddington, Springfield, Mo.

**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): SKULL FRACTURE + CEREBRAL HEMORRAGE

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): 8134
DUE TO (c): 29

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

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): 2400 Blk N Broad
**21c. (CITY, TOWN, OR TOWNSHIP)** 13 (COUNTY) (STATE): Springfield Greene Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Sept 22 1955 4:45P m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Hit by car while riding bicycle

22. *I hereby certify that I attended the deceased from* 9-22, 1955, *to* 9-22, 1955, *that I last saw the deceased alive on* 9-22, 1955, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John A. C. Haug M.D.
**23b. ADDRESS**: 609 Chery, Springfield Mo.
**23c. DATE SIGNED**: 9-23-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept 25, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Greenlawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 9-26-55
REGISTRAR'S SIGNATURE: Ernest Tillmann
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Alma Lohmeyer, Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 47.

P. O. Address Springf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.