

STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1955

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 43

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| 1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE | |
| b. CITY (If outside corporate limits, write RURAL and give township) STE. GENEVIEVE | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN STE. GENEVIEVE |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 498 CEDAR LANE | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 498 CEDAR LANE | | 093/5 | |

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| 3. NAME OF DECEASED (Type or Print) PHILLIP EYDMANN | a. (First) | b. (Middle) EYDMANN | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) OCT 10 1955 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 2 1878 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Hours | IF UNDER 1 MRS. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RR ENGINEER | 10b. KIND OF BUSINESS OR INDUSTRY MO-ILL. R.R. | 11. BIRTHPLACE (City and State or Foreign Country) COUNTEVILLE ILL | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME HENRY EYDMANN | 13b. MOTHER'S MAIDEN NAME SOPHIA BARNMAN | 14. NAME OF HUSBAND OR WIFE CARRIE YEAGER |
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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. | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Carrie Eydman 498 Cedar Lane |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | 19. INTERVAL BETWEEN ONSET AND DEATH Sudden |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Distention | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) Cerebral Hemorrhage | | 5 day |
| | DUE TO (c) Arteriosclerosis | | 26 Oct 1955 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | A. Valvular Heart Disease | | 15 yrs |

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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) | 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 Oct 5 1955 to Oct 10 1955, that I last saw the deceased alive on Oct 10 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Ste Genevieve Mo | 23c. DATE SIGNED 10-11-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE OCT 13 1955 | 24c. NAME OF CEMETERY OR CREMATORY PARK VIEW | 24d. LOCATION (City, town, or county) (State) FARMINGTON MO |
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| DATE REC'D BY LOCAL REG. OFF. Oct. 12, 1955 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature] |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 28 1955

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 474

P. O. Address St. Genevieve

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.