

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7879**

FILED MAR 6 1956

BIRTH NO. _____ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4543** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEYMOUR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEYMOUR	
c. LENGTH OF STAY (In this place)		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) DELLE c. (Last) EDDINGS			4. DATE OF DEATH (Month) (Day) (Year) FEB 28 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15, 1893	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) CHRISTIAN Co, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HAMILTON SCOTT	13b. MOTHER'S MAIDEN NAME LUCY STONE	14. NAME OF HUSBAND OR WIFE SHERMAN EDDINGS
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME SHERMAN EDDINGS, SEYMOUR, Mo	ADDRESS SEYMOUR, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastases to Bones, Brain, Lungs + Breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Breast, Rt. 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 170x	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **July 15, 1955**, to **Feb 28, 1956**, that I last saw the deceased alive on **Feb 24, 1956**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James T. Brown, MD	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED Mar 2, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 3, 1956	24c. NAME OF CEMETERY OR CREMATORY HOLLAND CEMETERY	24d. LOCATION (City, town, or county) (State) GREENE Co, MISSOURI
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DATE REC'D BY LOCAL REG. 3-3-1956	REGISTRAR'S SIGNATURE Gilbert Jones	25. FUNERAL DIRECTOR'S SIGNATURE Mr. K. Ferrell	ADDRESS Seymour, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Alon S. Jewell

Licensed Embalmer No. 4847

P. O. Address Manfield, 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.