

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44528

State File No.

FILED DEC 19 1956

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Licking</u>	c. LENGTH OF STAY (in this place) <u>7mo</u>	c. CITY OR TOWN <u>Lural-Sherrill</u> ¹⁰⁷⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>13 1/2 Mi. E. of Licking Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Eidson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1956</u>
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5. SEX <u>Female</u> COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-24-1876</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Honorejivell Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Harvey Mayes</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Jennings</u>	14. NAME OF HUSBAND OR WIFE <u>J. G. Eidson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Eidson</u> ADDRESS <u>Licking Mo</u>
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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, ashenia, 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) <u>Coronary Heart Failure</u>		<u>yes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable gastro-intestinal malignancy</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200H</u>	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) (Min.)	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 Nov. 25, 1956, to Nov. 25, 1956, that I last saw the deceased alive on Nov. 25, 1956, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Tan</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Houston, Missouri</u>	23c. DATE SIGNED <u>Dec 1 1956</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 13, 1956</u>	REGISTRAR'S SIGNATURE <u>Elmer Hesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> ADDRESS <u>Licking Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Peckin, 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.