

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1956**BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5709** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman (Rural)	
c. LENGTH OF STAY (in this place) 9 years		d. STREET ADDRESS (If rural, give location) 1 mile North.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) William Bryon Eldridge			4. DATE OF DEATH Jan. 27, 1957.		
a. (First)	b. (Middle)		c. (Last)	5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1889	9. AGE (In years last birthday) 67	10. MONTH 11	11. DAY 29	12. HOUR 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Wash. Mach. Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Rosendale, Missouri	
13a. FATHER'S NAME Frank Eldridge		13b. MOTHER'S MAIDEN NAME Lena May Yoder		14. NAME OF HUSBAND OR WIFE Eunice Eldridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 281-05-1821		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eunice Eldridge, Goodman, 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, 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) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia, heart disease, hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 416X			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 **1952**, to **1957**, that I last saw the deceased alive on **Jan. 1957**, and that death occurred at **6:30A m.**, from the causes and on the date stated above.

22a. SIGNATURE F. H. Whitehead M.D. (Degree or title)		22b. ADDRESS Nebraska Mo		22c. DATE SIGNED 1-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 29-57		23c. NAME OF CEMETERY OR CREMATORY Peace Valley Cemetery	
23d. LOCATION (City, town, or county) (State) Anderson, Missouri.		23e. FUNERAL DIRECTOR'S SIGNATURE Robb Funeral Home		23f. ADDRESS Goodman Mo.	

DATE REC'D BY LOCAL REG. 2-10-57		REGISTRAR'S SIGNATURE Maureen Humphrey		23e. FUNERAL DIRECTOR'S SIGNATURE Robb Funeral Home	
				ADDRESS Goodman Mo.	

(License Embellished Statement on Reverse Side)

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

FEB 15 1957

FEB 21 1957

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

Carl Fapp

Licensed Embalmer No. *3458*

P. O. Address *Anderson, Mo.*

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

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