

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23825

STATE FILE NUMBER

 Registration District No. 53 Primary Registration District No. 4074 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oak Ridge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Oak Ridge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____			Length of stay in 1b <u>20 dm.</u>		d. STREET ADDRESS (If outside, give location) <u>1166 Res. Form</u>		
3. NAME OF DECEASED (Type or print) First <u>SUSAN</u> Middle <u>LOUISA</u> Last <u>EDDLEMAN</u>				4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 7, 1880</u>	
9. AGE (In years last birthday) <u>76</u>		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) <u>Housekeeping</u>	
10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <u>Daisy Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Jacob Fullbright</u>	
14. MOTHER'S MAIDEN NAME <u>Nancy Smith</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Name <u>Wm L. Eddleman</u> Address <u>Oak Ridge, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Virus Pneumonia</u> DUE TO (b) <u>Cold</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Paralytic Polio 1944 492x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>July 7-57</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>July 6-57 July 9-57</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Daisy Mo</u>	
20g. COUNTY _____		20h. STATE _____		21. I attended the deceased from <u>July 6-57</u> to <u>July 9-57</u> and last saw her alive on <u>July 8-57</u> . Death occurred at <u>July 9-57</u> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>D. L. Deabard</u>		22b. ADDRESS <u>Daisy Mo</u>		22c. DATE SIGNED <u>7-12-57</u>		23a. BURNING, CREMATION, REMOVAL (Specify)	
23b. DATE <u>July 11, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		23d. LOCATION (City, town, or county) (State) <u>Daisy Mo.</u>		24. FUNERAL DIRECTOR <u>Miller Johnson</u>	
24. FUNERAL DIRECTOR <u>Miller Johnson</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-1957</u>		26. REGISTRAR'S SIGNATURE <u>(C. C. Summers)</u>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman Steele*.....

Licensed Embalmer No. *241*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.