

Health, Welfare
Public
Service

FILED JUL 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5957 25699
STATE FILE NUMBER
Registration District No. 278 Primary Registration District No. 2054 Registrar's No. 84

300
1-57/

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PRAIRIEVILLE TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PLEASANT HILL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.E.D. 4, EOLIA		Length of stay in lb 6 Mo.	d. STREET ADDRESS (If outside, give location) 312
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) ELDORA KRISTOFFERSON			4. DATE OF DEATH Month July Day 9 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 8, 1897		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PIKE CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN INLOW		13b. MOTHER'S MAIDEN NAME ANNA SINKLEAR		14. NAME OF HUSBAND OR WIFE OSCAR KRISTOFFERSON	
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. UNKNOWN		17. INFORMANT Address MRS. ALTA PAGE - EOLIA, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Cervix		
DUE TO (c) 171X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a)		

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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	

21. I attended the deceased from **31 MAR '57** to **9 July 57** and last saw her alive on **7 July 1957**
Death occurred at **12:45 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward V. Becker M.D. (Degree or title)		22b. ADDRESS 205 Francis Bldg St Louis 1 mo.		22c. DATE SIGNED 7/20/57	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 12, 1957		23c. NAME OF CEMETERY OR CREMATORY BAPTIST CEMETERY		23d. LOCATION (City, town, or county) (State) EOLIA, MISSOURI	
24. FUNERAL DIRECTOR Geo. M. Collier, Louisiana Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. July 22, 1957		26. REGISTRAR'S SIGNATURE Berniece Collier	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.