

FILED OCT 23 1957

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 12

300

1-57

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1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-STARK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>RURAL-STARK</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>4338 on Farm</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Catherine</u> Last <u>Eddo</u>			4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>57</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL-7-1871</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Preston, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah J. Pitts</u>	14. NAME OF HUSBAND OR WIFE <u>J. T. Eddo</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>MRS. TOMMAN SIMMONS</u> Address <u>PRESTON, MO</u>
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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>senile debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from <u>Sept 1 1957</u> to <u>Oct 12 1957</u> and last saw her ^{him} alive on <u>Oct 12 1957</u> Death occurred at <u>2 28 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>C. H. Bailey</u> (Degree or title) <u>Dr.</u>	22b. ADDRESS <u>Urbanville, Mo</u>	22c. DATE SIGNED <u>10-14-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fisher Cem.</u>	23d. LOCATION (City, town, or county) <u>Hickory Co, MO</u> (State)
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24. FUNERAL DIRECTOR <u>Allen W. Vaughan, Urbanville, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-16-1957</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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OCT 30 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
Signature of Student Embalmer

Signed *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address *Urban Me*

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.