

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43927**

FILED DEC 30 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5389 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Sinkin Twsp</u>		c. CITY OR TOWN <u>Rural Sinkin Twsp</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>P.O., Bunker, Mo. 0330</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O., Bunker, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>CORNELIUS</u> c. (Last) <u>EUDY Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 1 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Alexander Eudy</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cottrell</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Eudy</u>	
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>490-14-1167</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Eudy, Bunker, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MARKED MALNUTRITION</u> DUE TO (c) <u>STENOSIS of Esophagus</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinoma of tongue with metastases</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Minute)	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 2/3, 1956, to 11/15, 1957, that I last saw the deceased alive on 11/15, 1957, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Bass M.D.</u> (Degree or title)		23b. ADDRESS <u>Salem, Mo</u>		23c. DATE SIGNED <u>12/26/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/27/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12/27/57</u>	REGISTRAR'S SIGNATURE <u>M. M. East</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C. W. Way L. Wayful Salem, Mo</u>	
--	---	--	--

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

5389

JAN 13 1958

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..... *Max L. Waife*

Licensed Embalmer No. 4170.

P. O. Address Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.