

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44328

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5931

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HICKMAN MILLS 700 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL Length of stay in lb 10 HOURS		d. STREET ADDRESS (If outside, give location) 10523 OAKLAND AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ORAN TERRY EDDY JR.			4. DATE OF DEATH Month Day Year Dec. - 14 1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-1-1925
9. AGE (In years last birthday) 32	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) EMPLOYEE - FOLDING DEPT. HALLMARK CARDS INC.		10b. KIND OF BUSINESS OR INDUSTRY HALLMARK CARDS INC.	11. BIRTHPLACE (City and state or country) MOUND CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME ORAN TERRY EDDY, SR.		13b. MOTHER'S MAIDEN NAME C. MYERS	14. NAME OF HUSBAND OR WIFE FERN EILEEN EDDY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. 511-30-3803	17. INFORMANT Address MRS. EILEEN FERN EDDY 10523 OAKLAND AVE HICKMAN MILLS 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) Shock & Hemorrhage resulting from multiple skull fracture, fractures of DUE TO (b) Cerebral Spine & Spinal Spine DUE TO (c) Cerebral Spine & Spinal Spine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Truck Car Collision	
20c. TIME OF INJURY Hour Month, Day, Year 000 p.m. 12-14-57		700	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson Miss
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. Kealy, Sub Deputy Coroner		22b. ADDRESS 6627 Peachtree Ave	22c. DATE SIGNED 12-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec-17-1957	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	23d. LOCATION (City, town, or county) (State) MOUND CITY KANSAS
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 12-16-57	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Geo. C. Kealy Hofer

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JAN 24 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 *Ed Talon*

Licensed Embalmer No. *4421*
P. O. Address *Kansas City*

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.