Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017577
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Finley Twp — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 125 ave mile 8 of Greene-Christian Co line — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2839 Maryland — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First LARRY Middle WAYNE Last EIDSON
4. DATE OF DEATH Month 5 Day 24 Year 1958
5. SEX M 0
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH 3-21-1940
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR Months 2 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Clinton Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ralph Eidson
13b. MOTHER'S MAIDEN NAME Grace Rice
14. NAME OF HUSBAND OR WIFE ✓
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Mo (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT Ralph Eidson Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Skull Fracture + Broken back — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car wreck
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 ☐ NO ☐ 0

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY 1:30 Hour a.m. — p.m. Month, Day, Year 5 24 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 125
20f. CITY, TOWN, OR LOCATION COUNTY 022 STATE Christian Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Dean Harris (Degree or title) Coroner Christian Co.
22b. ADDRESS Clever, Mo.
22c. DATE SIGNED 5/28/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-27-1958
23c. NAME OF CEMETERY OR CREMATORY Passack
23d. LOCATION (City, town, or county) Camden Co (State) Mo

24. FUNERAL DIRECTOR L.B. Jones ADDRESS Buffalo Mo.
25. DATE RECD. BY LOCAL REG. June 9-1958
26. REGISTRAR'S SIGNATURE Loretta Leonard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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JUN 12 1958

JUL 23 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 and, Student Embalmer No. ✓ working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, Ore.

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.