

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013892

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 169 Primary Registration District No. _____ Registrar's No. 20

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| 1. PLACE OF DEATH a. COUNTY Knox | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Baring | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Baring <u>6520</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baring Lake | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First HATTIE Middle LEE Last EYLER | | | 4. DATE OF DEATH Month Apr Day 22 Year 1959 | | |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 25, 1880 | 9. AGE (In years less birthday) 78 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|------------------------------|---|--|--|--|--|

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| 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) Knox County | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Harry. S. Bodkin | 13b. MOTHER'S MAIDEN NAME Hancy A. Snodgrass | 14. NAME OF HUSBAND OR WIFE Charles Eyer |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Kenneth Eyer | Address Baring, Mo |
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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) Drowning | | INTERVAL BETWEEN ONSET AND DEATH |
| 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"/> 2 |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Waded out in chilled waters at Baring Country Club Lake |
| 20c. TIME OF INJURY Hour _____ a.m. 22 Apr 1959 p.m. | |

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|---|---|---|-----------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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.) Entrance to Lake | 20f. CITY, TOWN, OR LOCATION Baring | COUNTY Knox | STATE Missouri |
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Alvin | (Degree or title) Coroner of Knox County | 22b. ADDRESS Edina, Mo. | 22c. DATE SIGNED 24 April 59 |
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|--|--------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 24 Apr '59 | 23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery | 23d. LOCATION (City, town, or county) (State) Edina, Missouri |
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|--------------------------------------|------------------------------|--|---|
| 24. FUNERAL DIRECTOR Alvin | ADDRESS Edina, Mo. | 25. DATE RECD. BY LOCAL REG. April 24 59 | 26. REGISTRAR'S SIGNATURE Neil S. Hammett |
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Hudson Funeral Home
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no related 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 _____

Licensed Embalmer No. 504

P. O. Address _____
Edina, MN

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.