

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030181

STATE FILE NUMBER

FILED AUG 18 1959 16
 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 318

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) Desloge		a. STATE Missouri		b. COUNTY St. Francois	
Length of stay in 1b 14 Years		c. CITY OR TOWN Desloge		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Lawrence		Middle Eaton		Last Edgar		Month Day Year Aug. 9 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1896	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Deat Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Edgar (Dec)		13b. MOTHER'S MAIDEN NAME Tilda Eaton (Dec)		14. NAME OF HUSBAND OR WIFE Odessa Edgar			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 495 16 5774		17. INFORMANT Address Mrs. Odessa Edgar, Desloge, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH 4 MO	
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of lung							
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from Aug 8, 1959 to Aug 8, 1959 and last saw him alive on Aug 8, 1959		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 (Degree or title) R. G. Huckstep M.D.				22b. ADDRESS Farmington, Mo		22c. DATE SIGNED 8/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/1959	23c. NAME OF CEMETERY OR CREMATORY Hillview Mem. Garden Farmington Missouri		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR C.Z. Boyer & Son Desloge, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 10, 1959		26. REGISTRAR'S SIGNATURE Ether Redloff	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 19 1959

SEP 24 1959

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Dealge, Miss

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.