

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039523

FILED VS NOV 18 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 201

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Length of stay in 1b 8 HOURS		c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNKLIN, MEMORIAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N. EDWARDS			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last CORA MAE EDDINGS				4. DATE OF DEATH Month Day Year NOV 5 1959							
5. SEX F.	6. COLOR OR RACE C.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-25-16	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) CLARENDON, ARK		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME ALFRED HOUSTON			13b. MOTHER'S MAIDEN NAME CHARITY STARKS			14. NAME OF HUSBAND OR WIFE BENNIE EDDINGS					
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. UNKNOWN		17. INFORMANT BENNIE EDDINGS, MALDEN, MO				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Right ventricular heart failure								INTERVAL BETWEEN ONSET AND DEATH 2 mo			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor pulmonale								2 mo			
DUE TO (c) Ch. Valvular to Pulm								2 wks			
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 <u>10-4-59</u> to <u>11-4-59</u> and last saw <input checked="" type="radio"/> him <input type="radio"/> her live on <u>11-4-59</u> Death occurred at <u>5:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MO				22b. ADDRESS <i>[Signature]</i>				22c. DATE SIGNED 11-7-59		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-8-59	23c. NAME OF CEMETERY OR CREMATORY SWEET HOME			23d. LOCATION (City, town, or county) MALDEN, MO.					
24. FUNERAL DIRECTOR DAY-KNIGHT, MALDEN, MO.				25. DATE RECD. BY LOCAL REG. 11-9-1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. S. Schuman

Licensed Embalmer No. 408

P. O. Address Malden

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.