

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59043291 10

FILED VS. DEC 29 1959 27

Primary Registration District No. 5079

Registrar's No. 151

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Bates</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spruce Township</b>		Length of stay in 1b <b>30 yrs.</b>		c. CITY OR TOWN <b>RFD 2 Urich, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 2 Urich, Mo</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Lelia</b> Middle <b>Florence</b> Last <b>Eidson</b>				4. DATE OF DEATH Month <b>12</b> Day <b>19</b> Year <b>59</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/15/91</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Macks Creek Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Wm H Seatpn</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Susan Basinger</b>			14. NAME OF HUSBAND OR WIFE <b>Emmett Eidson</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Emmett Eidson-Urich Mo RFD</b>				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) <b>Generalized Carcinoma a toxis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>9 Months</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Primary Carcinoma Pancreas</b>		DUE TO (c) <b>Secondary Metastasis Liver</b>						
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 checked="" 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 <b>Feb 10 1959</b> to <b>Dec 19, 1959</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Dec 18, 1959</b>				Death occurred at <b>2:17 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Carter H. Butler M.D.</b>				22b. ADDRESS <b>Butler Missouri</b>		22c. DATE SIGNED <b>Dec 19-59</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>		23d. LOCATION (City, town, or county) <b>Butler Mo</b>						
24. FUNERAL DIRECTOR <b>Culver Underwood Butler Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Dec 22 1959</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Kerney</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 John K. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

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.

22-0-1000

man's  
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