

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960

**-60-020154**

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eldon</b>		Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>Eldon</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>506 N. Mill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>506 N. Mill</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Ewell</b> Middle <b>Cedric</b> Last <b>Lauderdale</b>			4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1960</b>		
5. SEX <b>Male</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>3-10-05</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retail Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Store</b>	11. BIRTHPLACE (City and state or country) <b>Eddyville, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Wm. H. Lauderdale</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Stone</b>		14. NAME OF HUSBAND OR WIFE <b>Essie Sutton Lauderdale</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.		17. INFORMANT <b>Mrs. Essie Lauderdale Eldon, Mo.</b> Address	

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
IMMEDIATE CAUSE (a) <b>Evisceration of Brain, Skull Fracture &amp; Hemorrhage</b>		<b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Gunshot Wound</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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>Self inflicted gunshot wound 30-06 rifle</b>
20c. TIME OF INJURY Hour <b>11:25</b> Month, Day, Year <b>5-8-60</b>		

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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Eldon,</b>	COUNTY <b>Miller</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **Never attended**, to \_\_\_\_\_ and last saw her **him** alive on \_\_\_\_\_  
Death occurred at **11:25** A.<sup>m</sup> on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) <b>L. S. Humphreys, D.O. Crowe</b>		22b. ADDRESS <b>Tuscumbia, Missouri</b>	22c. DATE SIGNED <b>5-12-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-10-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>	23d. LOCATION (City, town, or county) (State) <b>Eldon, Mo.</b>

24. FUNERAL DIRECTOR <b>Louis D. Phillips</b>	ADDRESS <b>Eldon</b>	25. DATE RECD. BY LOCAL REG. <b>May 14, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Adelberta. Waltz</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 25 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis W. Phillips

Licensed Embalmer No. 3663

P. O. Address Edison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.