

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041360

FILED VS. NOV 21 1960

48

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Madison Twnshp.</u>	Length of stay in 1b	c. CITY OR TOWN <u>Kahoka</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Road</u>	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 <u>Frank</u> Middle <u>Howard</u> Last <u>Eddleman</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>9</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/20/1911</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jawa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>Alfred Eddleman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Eddleman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U.S. II</u>		16. SOCIAL SECURITY NO. <u>489-32-0693</u>	17. INFORMANT Address <u>Bertha Eddleman - Kahoka Mo.</u>			

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) <u>Automobile Accident</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Crushed left jaw & neck</u>	
DUE TO (c) <u>OVER</u>		

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 checked="" 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.) <u>Pick up truck overturned on road home from work</u>
20c. TIME OF INJURY Hour <u>1 am</u> Month, Day, Year <u>11-9-60</u>	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 <u>Clark</u>		COUNTY <u>Mo.</u> STATE

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.

22a. SIGNATURE (Degree or title) <u>W. Channing Dr. Coroner</u>	22b. ADDRESS <u>Kahoka Mo.</u>	22c. DATE SIGNED <u>11-10-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Clark Mo.</u>		24. REGISTRAR'S SIGNATURE <u>J. R. Bridgman</u>
24. FUNERAL DIRECTOR ADDRESS <u>Cliff. Gittinger - Kahoka Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-60</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

accident occurred 2 1/2 ^{miles} east of Kahoka mo. Clark &
on road running east. Railroad parallel to railroad
railroad, (road crossing) on his way home from work

DEC 9 1960

NOV 30 1960

NOV 22 1960

MAY 18 1962

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

Chas L. Sutter

Licensed Embalmer No. *2965*

P. O. Address *Luray*

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.