# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-010248
STATE FILE NUMBER

AMENDED

Registration District No. 594 Primary Registration District No. _____ Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twp 28 — Length of stay in 1b: 4yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jct 21 + 34 - 1mi East — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Reynolds
c. CITY OR TOWN Garwood — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Garwood — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lyndle Middle Vernon Last Eskridge
4. DATE OF DEATH: Month Mar Day 17 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: Apr 13 1908
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months 11 Days 4 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Galesburg Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ___
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Military Records — Address:

MEDICAL CERTIFICATION

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 ~~Chronic~~ Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 4 days
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): Carcinoma of Nose
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparent death was Mar 17-1961 - found
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Mar 21, 1961. Lying on face in open field 150 feet from home
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ___ to ___ and last saw her/him alive on ___
Death occurred at Friday 17 - P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth T. Carter M.D. Coroner
22b. ADDRESS: Ellington - Mo
22c. DATE SIGNED: 3/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-22-61
23c. NAME OF CEMETERY OR CREMATORY: Galesburg Cemetery
23d. LOCATION (City, town, or county) (State): Galesburg Ill

24. FUNERAL DIRECTOR: McSpadden — ADDRESS: Van Buren, Mo
25. DATE RECD. BY LOCAL REG.: 3-22-1961
26. REGISTRAR'S SIGNATURE: Velma Jarvis

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 4 1961

**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 Donald Sloan

Licensed Embalmer No. 5127

P. O. Address Van Buren

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.