ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-013323

STATE FILE NUMBER

AMENDED

FILED MAY 8 1961

Registration District No. 8-128 Primary Registration District No. 2000 Registrar's No. 428

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 42 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 426 COZY — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THIDA Middle Last EIDSON

4. DATE OF DEATH Month APRIL Day 30 Year 1961

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/27/92
9. AGE (last birthday) 68
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE & TYPIST
10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.
11. BIRTHPLACE (City and state or country) POLK COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME SAMUEL McCRORY
13b. MOTHER'S MAIDEN NAME ANNIEBELLE WILLIAMS
14. NAME OF HUSBAND OR WIFE JOHN R. EIDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT JOHN R. EIDSON Address SPRINGFIELD, MO.

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) Probable internal head injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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.) She was passenger in one car accident. The car hit a center support of a railp way underpass. She apparently was thrown forward to instrument panel hitting her head.
20c. TIME OF INJURY Hour approx. 7:50 P.M. a.m. p.m. Month, Day, Year 4/30/61
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.) City street
20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Approx. 7:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Phieme (Degree or title) Greene County Coroner
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5/3/61
23c. NAME OF CEMETERY OR CREMATORY NATIONAL
23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 5-2-61
26. REGISTRAR'S SIGNATURE Effie G. Melton

(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

MAY 10 1961

MAY 16 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_____ Signed H L McCann

Signature of Student Embalmer

Licensed Embalmer No. 2727

P. O. Address [illegible]

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.