

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 161

FILED AUG 2 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
a. COUNTY Mexico	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico	a. STATE Missouri b. COUNTY Audrain	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phillip's Rest Home		d. STREET ADDRESS 221 East Whitley	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First ETHEL	Middle	Last EIDSON	Month July	Day 20,
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-9-76	9. AGE (last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sturgeon, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME J. M. Seymour	13b. MOTHER'S MAIDEN NAME Mathilda Proctor	14. NAME OF HUSBAND M. M. Eidson, Dec'd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Harry Miller, Moberly, Mo.
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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 6 wks years
IMMEDIATE CAUSE (a)	Cerebral Vasculer accident	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Cerebral arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Urinary tract infection		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Mexico	
COUNTY Audrain	
STATE Mo.	

21. I attended the deceased from **1956** to **Death** and last saw her **alive** on **7-20-61**
Death occurred at **6pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward [Signature] MD	22b. ADDRESS Mexico, Mo.	22c. DATE SIGNED 7/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-22-61	23c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery	23d. LOCATION (City, town, or county) Audrain Co., Mo.
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24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. July 22-1961	26. REGISTRAR'S SIGNATURE Blanche Healy
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

SEP 7 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 Richard G. McDonald

Licensed Embalmer No. 4825

P. O. Address Memphis, TN

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.