SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041725
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 39

FILED NOV 27 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fabius Township
Length of stay in 1b: Transient
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.S Hiway # 61 2mi N of Palmyra Mo
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: Ralls
c. CITY OR TOWN: Center R-2
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Archie Middle: Alfred Last: Eddingfield
4. DATE OF DEATH: Month: Nov Day: 9 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug 31 97
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months: 2 Days: 8
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain Farm
11. BIRTHPLACE (City and state or country): Hull Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fred M. Eddingfield
13b. MOTHER'S MAIDEN NAME: Cora Sperry
14. NAME OF HUSBAND OR WIFE: Rose Cleo Eddingfield
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: Address: Mrs Rose Cleo Eddingfield, Center Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Impalement upon pipe — few minutes
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. ☐ 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.) Ran into pipe fence at end of bridge
20c. TIME OF INJURY: Hour 12 noon a.m. p.m. Month, Day, Year: Nov 9 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.): Hi-way # 61 2 Mi N. of Palmyra Mo
20f. CITY, TOWN, OR LOCATION: Marion COUNTY: Missouri STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry H Sweets (Degree or title): M D Coroner
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 11/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 12 1961
23c. NAME OF CEMETERY OR CREMATORY: Salt Lick Cemetery
23d. LOCATION (City, town, or county) (State): Ralls County Missouri
24. FUNERAL DIRECTOR: Smith's Funeral Home ADDRESS: Hannibal Mo
25. DATE REC'D. BY LOCAL REG.: 11-13-61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luebe By Viola Gee, Deputy

SWEETS

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 John S. Wand

Licensed Embalmer No. 4540

P. O. Address Hannib

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