No. 300
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FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1145

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4236 Registrar's No. 2

47
0
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY IRON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Des Arc Mo. UNION
c. LENGTH OF STAY (in this place) 51 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AT HOME /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY IRON 47
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DES ARC 0
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) NONE c. (Last) ELDRIDGE

4. DATE OF DEATH (Month) I (Day) 22 (Year) 49

5. SEX FEMALE/
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /
8. DATE OF BIRTH 8/7/1897
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 5 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HOUSE KEEPER
11. BIRTHPLACE (State or foreign country) VULCAN, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JARRET STREET
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND ~~[illegible]~~ ERNEST ELDRIDGE

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. 498-22-1699
17. INFORMANT'S SIGNATURE OR NAME Raymond E. Eldridge — ADDRESS St Louis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) WAS SHOT BY HUSBAND WITH A SHOT GUN IN THE FACE.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DEATH WAS INSTANT
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E 981

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) MURDERD
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME
21c. (CITY, TOWN, OR TOWNSHIP) DES ARC, MO. (COUNTY) IRON (STATE)
21d. TIME OF INJURY (Month) I (Day) 22 (Year) 49 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR SHOT GUN DISCHARGED BY HUSBAND IN HEAD.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE C. A. Howell (Degree or title) Coroner
23b. ADDRESS IRONTON, MO.
23c. DATE SIGNED 1/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1/27/49
24c. NAME OF CEMETERY OR CREMATORY DES ARC
24d. LOCATION (City, town, or county) DES ARC MO. (State)

DATE REC'D BY LOCAL REG. Jan 31-49
REGISTRAR'S SIGNATURE Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE C. A. Howell ADDRESS Ironton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Local Health Officer No. 4

Filing Number 249-180

Date Mailed 2-6-49

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~~ C. A. Howell, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Houston Miss

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 this body is not embalmed, fact should be so stated above.