

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36812**

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN	
c. LENGTH OF STAY (In this place) 2 mos.		d. STREET ADDRESS (If rural, give location) 157 DONALD	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHSIDE HOSPITAL			

3. NAME OF DECEASED (Type or Print) JOHN			a. (First)	b. (Middle)	c. (Last) ELDREDGE	4. DATE OF DEATH NOV 18 1949		
--	--	--	------------	-------------	---------------------------	-------------------------------------	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWERED	8. DATE OF BIRTH APRIL 9, 1857	9. AGE (In years last birthday) 92	If UNDER 1 YEAR Months 7 Days 9	If UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME BURGESS ELDREDGE	13b. MOTHER'S MAIDEN NAME DRUSCILLA FUNK	14. NAME OF HUSBAND OR WIFE SARAH ELDREDGE
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME CLARA ELDREDGE	ADDRESS SULLIVAN, MO.
---	--	---	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 14 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X			

19a. DATE OF OPERATION 1942	19b. MAJOR FINDINGS OF OPERATION Hyperplastic - tumor - no pathologic report	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan, 1949, to 11-18, 1949, that I last saw the deceased alive on 11-18, 1949, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Practor	(Degree of title)	23b. ADDRESS Sullivan MO	23c. DATE SIGNED 11-20-49
-----------------------------------	-------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 20 49	24c. NAME OF CEMETERY OR CREMATORY ELDREDGE CEMETERY	24d. LOCATION (City, town, or county) (State) FRANKLIN MO.
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 11-20-49	REGISTRAR'S SIGNATURE Dr. Practor	25. FUNERAL DIRECTOR'S SIGNATURE Horsie Hoffer	ADDRESS
--	--	---	---------

District File Number _____
District Health Officer No. 9
RECEIVED NOV 28 1949

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 _____

T. A. HUMPHREYS

Student Embalmer No. 818

working under my personal supervision.

Signed J. A. Humphrey
Student Embalmer

Signed Harry E. Monroe
Licensed Embalmer No. 4495

P. O. Address SULLIVAN, MO.

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.