

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9129

0532  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>444</u>													
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Laclede</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		0532													
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 N Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>204 N. Monroe</u>															
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Belford</u>			b. (Middle) <u>G</u>			c. (Last) <u>Eidson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 1951</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>27 March 1897</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Jim Eidson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Eidson</u>				14. NAME OF HUSBAND OR WIFE <u>Maud Eidson</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Maud Eidson</u>				ADDRESS <u>Lebanon Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH							
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulo-nephritis</u>															
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____								592X							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic valvular heart disease</u>															
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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 <u>3-1, 1951</u> , to <u>3-12, 1951</u> , that I last saw the deceased alive on <u>3-12, 1951</u> , and that death occurred at <u>230 P. m.</u> , from the causes and on the date stated above.																			
23a. SIGNATURE <u>A. A. Kraus</u>						(Degree or title) <u>P.O.</u>						23b. ADDRESS <u>Lebanon, Mo.</u>				23c. DATE SIGNED <u>3/19/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>3-18-1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>							
DATE REC'D BY LOCAL REG. <u>3-19-1951</u>				REGISTRAR'S SIGNATURE <u>Stella D. Gray</u>				424				25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>				ADDRESS <u>Lebanon, Mo.</u>			

MAR 23 1951

Received \_\_\_\_\_

Laclede County Health Unit

File No. 2-51-43

Date Filed MAR 25 1951

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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 .....  
Student Embalmer

Signed Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.