

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28943

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 373

Health, Welfare  
Public Service

300  
-56

diseases in Part I must be causally related. Coroner need not certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>rettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Cole Camp</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>----</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Pete</u> Last <u>Eding</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>6th</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 10th 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street Railway</u>	11. BIRTHPLACE (City, and state or country) <u>Cole Camp Mo</u>
13. FATHER'S NAME <u>Morriss Eding</u>		14. MOTHER'S MAIDEN NAME <u>wilhelmer Soetjer</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>335-05-0560</u>	17. INFORMANT <u>Louis Eding Cole Camp Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Carcinoma of Large Int. Colon</u> DUE TO (b) <u>Adeno Carcinoma of Colon Rect</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH. <u>3 months</u> <u>1956</u>
20g. 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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Cole Camp Mo</u>	
21. I attended the deceased from <u>9/1/57</u> to <u>9/6/57</u> and last saw <u>her</u> alive on <u>9/5/57</u> Death occurred at <u>1:30</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>Thomas J. Hopton M.D.</u>		22b. ADDRESS <u>Scraper no</u>	
22c. DATE SIGNED <u>9/6/57</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 8, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
24. FUNERAL DIRECTOR <u>E. L. Dickhoff</u>		25. DATE RECD. BY LOCAL REG. <u>9-7-57</u>	26. REGISTRAR'S SIGNATURE <u>Francess Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

4/0

SEP 17 1957

OCT 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles F. Fox*.....

Licensed Embalmer No. *46*

P. O. Address *Osage Co*

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