

Health, Welfare, Public Service

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010335

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 66

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-57  
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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hickman Mills</b>		c. CITY OR TOWN <b>Maxcreek</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11206 E. 95th St.</b>		d. STREET ADDRESS <b>Rural Route</b>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Riley</b> Last <b>Eidson</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>20</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 26, 1973</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Maxcreek, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Barney Eidson</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah West</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Eidson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>A. Ovie Eidson Grandview, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Renal failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b> <b>yes.</b>
DUE TO (b) <b>obstruction of vesicle neck,</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Benign Prostatic Hypertrophy</b>		<b>yes.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Bronchitis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. 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.)
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>Feb 18, 58 to Mar 10, 58</b> on last saw him alive on <b>Mar 10, 58</b> Death occurred at <b>unknown</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Name or title) <b>Daniel J. Gashy M.D.</b>	22b. ADDRESS <b>K. C. Mo.</b>	22c. DATE SIGNED <b>3/20/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Mar 20 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parrick Grove Cemetery</b>	23d. LOCATION (City, town, or county) <b>Camden County Missouri</b>
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24. FUNERAL DIRECTOR <b>Melody McGilley Eylar</b> 1800 Linwood Blvd.	ADDRESS <b>K. C. Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-24-58</b>	26. REGISTRAR'S SIGNATURE <b>D. B. Langford</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 31 1958

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 *ER Gibson* .....

Licensed Embalmer No. *4137* .....  
P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.