Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021205
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 59 Primary Registration District No. 5229 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY: Cass
b. CITY OR TOWN: Polk Twp (If outside corporate limits, give TOWNSHIP only) Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Near Pleasant Hill Length of stay in 1b: 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7 Miles S.E. x Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Henry Middle Washington Last Eidson
4. DATE OF DEATH: Month 6 Day -25- Year -58

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH: 10 -25 -1873
9. AGE (In years last birthday): 84 IF UNDER 1 YEAR: Months 7 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Camden Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Eidson
13b. MOTHER'S MAIDEN NAME: Mary (unknown)
14. NAME OF HUSBAND OR WIFE: deceased

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.: 48-97-1581
17. INFORMANT: Mrs Ruth Simonin Address: Pleasant Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE & CHRONIC PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 YR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — 5 YRS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HEMIPLEGIA DUE TO CEREBRAL THROMBOSIS 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JUNE 1957, to JUNE 25 1958 and last saw her/him alive on JUNE 13 1958
Death occurred at 2 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] M.D. (Degree or title) 0
22b. ADDRESS: Harrisonville Mo.
22c. DATE SIGNED: 6-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-27-58
23c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cem
23d. LOCATION (City, town, or county): Malta Bend (State): Mo

24. FUNERAL DIRECTOR: Allen Brownfield ADDRESS: Pleasant Hill Mo
25. DATE RECD. BY LOCAL REG.: June 27, 1958
26. REGISTRAR'S SIGNATURE: Dora Barnard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
JUN 30 1958
CASS COUNTY
HEALTH DEPARTMENT

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 Allen Brownfield

Licensed Embalmer No. 3786

P. O. Address Pleasant H

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.