Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023835
STATE FILE NUMBER

FILED JUL 2 1959 Registration District No. 336 Primary Registration District No. 6131 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Montier — Inside Limits: Yes [1] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hiway 60 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howell
c. CITY OR TOWN: Mountain View — Inside Limits: Yes [ ] No [1]
d. STREET ADDRESS: 246 (If outside, give location) — Reside on Farm: Yes [ ] No [1]

3. NAME OF DECEASED (Type or print): First: Clifford Middle: Donald Last: Eudy

4. DATE OF DEATH: Month: May Day: 20 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [1] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 13, 1925
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Foreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Daniel C. Eudy
13b. MOTHER'S MAIDEN NAME: Blanche Thompson
14. NAME OF HUSBAND OR WIFE: Verna Eudy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW2
16. SOCIAL SECURITY NO.: yes
17. INFORMANT: Mrs. Verna Eudy Address: Mountain View, 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): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ran Pick Up Truck Head on into Big Trailer Truck
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Hiway #60
20f. CITY, TOWN, OR LOCATION: Montier COUNTY: Shannon STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank W Jones (Degree or title) Coroner
22b. ADDRESS: Eminence, Mo
22c. DATE SIGNED: 5-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/22/59
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Mountain View, Missouri

24. FUNERAL DIRECTOR: Duncan Funeral Home ADDRESS: Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 6-29-59
26. REGISTRAR'S SIGNATURE: Mabel Collins

(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.

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 Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. Vern., 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.