

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028185

FILED VS AUG 24 1958 38

Registration District No. \_\_\_\_\_ Primary Registration District No. 5120 Registrar's No. 364

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b ---		c. CITY OR TOWN White Hall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 40 - Approx. 8 Mi. East			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Grange Block		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BILLY JUNIOR EDDY				4. DATE OF DEATH Month Day Year August 16, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-19-1932	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Elevator Co.			10b. KIND OF BUSINESS OR INDUSTRY Co-Op Grain Elevator Co.		11. BIRTHPLACE (City and state or country) White Hall, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gus Ward Eddy			13b. MOTHER'S MAIDEN NAME Helen Louise Printy			14. NAME OF HUSBAND OR WIFE Rosalie Todd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO. 347-26-7242		17. INFORMANT Address Mrs. Rosalie Eddy, White Hall, Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple head, chest and abdominal injuries DUE TO (b) Fracture DUE TO (c) Motor vehicle accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Scarcely 11	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Deceased killed in head on					
20c. TIME OF INJURY 8:30 p.m.	Month, Day, Year Aug 16, 1959		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Columbia		COUNTY Boone		STATE Missouri			
21. I attended the deceased from _____ her Death occurred at approx 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Vernon P Perin MD Coronar				22b. ADDRESS Univ. of Mo. Med Center			22c. DATE SIGNED 17 Aug 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-17-1959	23c. NAME OF CEMETERY OR CREMATORY White Hall Cemetery		23d. LOCATION (City, town, or county) White Hall, Illinois				
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Aug 17 1959		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 10 1959

DEC 10 1959

MAY 20 1962

MAY 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia, Mo

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