

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004310

FILED VS JAN 23 1961

328

Primary Registration District No. 3073

Registrar's No. 50

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TWP.		Length of stay in lb 2 YRS -		c. CITY OR TOWN ROCKVIEW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROCKVIEW			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RED # 2 - CHAFFEE, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KEITH Middle ALAN Last ELDRIDGE				4. DATE OF DEATH Month JAN. Day 6 Year 1961				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 11, 1958		
9. AGE (last birthday) 2		IF UNDER 1 YEAR Months 1 Days 25		IF UNDER 24 HR Hours 25 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GLENN ELDRIDGE				13b. MOTHER'S MAIDEN NAME MILDRED CRUMBAUGH		14. NAME OF HUSBAND OR WIFE Does Not Apply		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address GLENN ELDRIDGE - Rt. 2 - CHAFFEE, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute respiratory infection - hyperpyrexia (107)							3 d&s.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Retarded development								
DUE TO (c) Spina bifida								
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 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.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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		
21. I attended the deceased from November, 1960 to Jan. 6, 1961 and last saw him alive on Jan. 6, 1961				Death occurred at 2:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W.O. Finney M.D. (Degree or title)				22b. ADDRESS Chaffee, Missouri		22c. DATE SIGNED 1/9/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 8, 1961		23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY		23d. LOCATION (City, town, or county) (State) CHAFFEE Missouri		
24. FUNERAL DIRECTOR ADDRESS BISPLING & HOFF FUNERAL HOME - CHAFFEE, Mo.				25. DATE REC'D. BY LOCAL REG. Jan 13 - 1961		26. REGISTRAR'S SIGNATURE Mrs Fred Bergling		

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.