

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037898

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. \_\_\_\_\_

FILED OCT 16 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Camden</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macks Creek</u> Length of stay in lb OR <u>life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> c. CITY OR TOWN <u>Macks Creek</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>James W. Eidson</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>October 5, 1962</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Caucasian</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Jan. 11, 1870</u>	<b>9. AGE</b> (last birthday) <u>92</u>	<b>IF UNDER 24 YEAR</b> Months <u>8</u> Days <u>25</u> Hours <u>    </u> Min. <u>    </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Camden County, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>B. S. Eidson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ella Nations</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Elvira Eidson</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT</b> <u>Sherman Eidson</u>		Address <u>Macks Creek, Missouri</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arterio-sclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> DUE TO (b) <u>Arterio-sclerosis</u> <u>10 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____					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
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____		
<b>20c. TIME OF INJURY</b> Hour <u>    </u> a.m. / p.m. Month, Day, Year <u>    </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		COUNTY _____ STATE _____	
<b>21. I attended the deceased from</b> <u>Sept 29 62</u> to <u>Oct 5 62</u> and last saw her/him alive on <u>Oct 4 62</u> Death occurred at <u>1:20 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> <u>Thos. A. Mayland MD</u>			<b>22b. ADDRESS</b> <u>Camden, Missouri</u>		<b>22c. DATE SIGNED</b> <u>10-7-62</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Oct. 7, 1962</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Pleasant Grove Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Camden County, Missouri</u>
<b>24. FUNERAL DIRECTOR</b> <u>Montgomery Funeral Home</u>		ADDRESS <u>Buffalo, Missouri</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>10/8/1962</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Alda Eldred</u>

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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 Vernon H. Viets

*Vernon H. Viets*

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.