

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16195

17 15 100

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 60

1. PLACE OF DEATH:

- (a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eastgibbs memorial 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days) 525

8. (a) PRINT FULL NAME CORA LEE EDSON8. (b) If veteran,
name war.8. (c) Social Security
No.4. Sex Female 5. Color or
race W6. (b) Name of husband or wife
Harney Wellington Edson6. (a) Single, widowed, married,
divorced Widowed7. Birth date of deceased Oct 6 - 1864
(Month) (Day) (Year)8. AGE: Years 75 Months 6 Days 1
If less than one day
hr. min.9. Birthplace Saline Mo MO
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name David Neal 113. Birthplace Ky.
(City, town, or county) (State or foreign country)14. Maiden name Louise O'Neal15. Birthplace Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nellie Pyle(b) Address Nelson mo17. (a) Burial (b) Date thereof 4-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Arrow Rock mo18. (a) Signature of funeral director Harry Hershberger(b) Address Marshall mo19. (a) 4-9-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Saline
(c) City or town Arrow Rock "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7
year 1940 hour 9 minute 35 A. M.21. I hereby certify that I attended the deceased from
April 5, 1940 to April 7, 1940
that I last saw her alive on April 7, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Acute Intestinal Obstruction Duration
3 daysDue to Carcinoma
Due to gastricOther conditions
(Include pregnancy within 3 months of death) 46Major findings:
Of operationsOf autopsy NO

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

712 While at work (Specify type of place) (e) Means of injury23. Signature David Neal (M. D. or other)
Address Marshall Date signed 4/10/40

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-14-40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Fred Wilkinson*
Licensed Embalmer No. *2478*
P. O. Address *Clinton M.*

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 this body is not embalmed, above space should be left blank.