

No. 300
10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 28 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

31798
State File No. _____
Registrar's No. 150

Registration District No. 360

Primary Registration District No. 3076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 5218 Ash Street 27
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MORTIMER B. EDMISTON

3. (b) If veteran, name war
3. (c) Social Security No. 491-05-9230

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th
year 48 hour 6 minute 45 PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Age or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 25 1998
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 12
If less than one day hr. _____ min. _____

9. Birthplace Vernon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk in Department

11. Industry or business _____

12. Name J. M. Edmiston

13. Birthplace Orange Co. N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Tully

15. Birthplace Clinton Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Edmiston

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 9-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen S. Long

(b) Address Nevada, Missouri

19. (a) 9-21-48 (b) Mathew J. Vandey
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Suicide

Due to Poor Health

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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) Suicide

(b) Date of occurrence Sept 6 - 48

(c) Where did injury occur? Nevada, Vernon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) _____
(a) Means of injury Gunshot

23. Signature Mark E. Hinger (M. D. or other) Coroner

Address Nevada, Mo Date signed 9-7-48

RECEIVED
District Health Officer No. 7;
District File Number 8-48-1119
Date Filed 9-27-48

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.....

Bert B. Bennett....., Registered Apprentice No. P3
working under my personal supervision.

Signed Allen J. Hays.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada 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 this body is not embalmed, fact should be so stated above.

Registration District No. *360*

Primary Registration District No. *8076*

Registrar's No. *14-0*

1. PLACE OF DEATH:

(a) County *Nevada*
(b) City or town *Nevada*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME *Mortimer B. Edmiston*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color, or race *W* 6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased *aug 25*
(Month) (Day) (Year)

8. AGE: Years *50* Months *0* Days _____ (less than one day) hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year *194* _____ month _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury *12 ga shell*

23. Signature *Marsh. Edmiston* _____
Address *Nevada, MO* _____ Date signed *9-20-48*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

S- 31798