

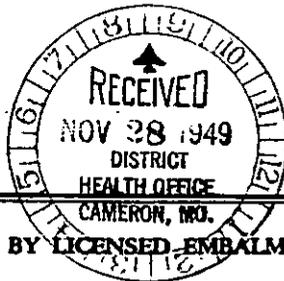
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37997**  
Registrar's No. **71**

FILED DEC 1 1949

BIRTH NO. _____		REG. DIST. NO. <b>210</b>		PRIMARY REG. DIST. NO. <b>4323</b>	
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Mercer</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ravanna</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ravanna</b>		650
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>			d. STREET ADDRESS (If rural, give location) <b>950</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Melissa</b>	b. (Middle)	c. (Last) <b>Edison</b>	4. DATE OF DEATH (Month) <b>11</b> - (Day) <b>18</b> - (Year) <b>49</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>11-15-1873</b>	9. AGE (In years, Month, Days) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Peter Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Ogle</b>		14. NAME OF HUSBAND OR WIFE <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jess Edison So. Weller Ottumwa, Ia</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiovascular renal disease</b>			<b>20 yrs</b>		
DUE TO (c) <b>Sarcoma of left clavicle</b>			<b>442X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>8 mos</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 9 49</b> , to <b>Nov 17 49</b> , that I last saw the deceased alive on <b>Nov 17 49</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. Bristow, M.D.</b>			23b. ADDRESS <b>Princeton, Mo</b>		23c. DATE SIGNED <b>11/18/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ravanna</b>	
		24d. LOCATION (City, town, or county) <b>Mercer Co. Mo</b>		(State)	
DATE REC'D BY LOCAL REG. <b>11-19-49</b>		REGISTRAR'S SIGNATURE <b>M. J. Ruth</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MOSE MOSS</b> ADDRESS <b>Princeton, Mo</b>	

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



**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 *me*

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer .

Signed *Paul Ross* .....

Licensed Embalmer No. 2634 .....

P. O. Address *Cameton 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.