

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38678
10494

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FESTUS</u>		<u>50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNARD FREE SKIN & CANCER HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>W.R. - R.R. # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MAUDE</u> c. (Last) <u>EDSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 6 - 1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-17-1895</u>		
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>SYLVESTER MOTHERSHEAD</u>			13b. MOTHER'S MAIDEN NAME <u>ROSIE BLIEKER</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN C. EDELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>P</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORD</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unrelieved hypertension</u> DUE TO (c) <u>la Cerebra</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> <u>not known</u> <u>3 yrs or more</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>HTA MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>171X</u>				
22. I hereby certify that I attended the deceased from <u>Nov 25, 1949</u> to <u>Dec 5, 1949</u> , that I last saw the deceased alive on <u>Dec 5, 1949</u> , and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. L. Tomlinson</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>634 N. Grand St. Louis Mo.</u>			23c. DATE SIGNED <u>12-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC 6 1949</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Bethlehem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Ware MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Beator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Tomlinson, De Soto Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Lee Motherhead

Licensed Embalmer No. 3531

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.