

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16287**

BIRTH NO. _____		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4170		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star			c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star			0329
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Denizel			b. (Middle) (None)	c. (Last) Edmonson		4. DATE OF DEATH (Month) (Day) (Year) April 25 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 6, 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 5
IF UNDER 24 HRS. Days 11	IF UNDER 12 HRS. Hours 11	IF UNDER 1 MIN. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.	13a. FATHER'S NAME Richard Edmonson			13b. MOTHER'S MAIDEN NAME Sarah Bowen		14. NAME OF HUSBAND OR WIFE Anna Edmonson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Anna Edmonson Union Star, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 20 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis	DUE TO (c)						331X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from April 24, 1950 , to Apr 25, 1950 , that I last saw the deceased alive on April 24, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Reynolds M.D.				23b. ADDRESS Union Star, Mo.		23c. DATE SIGNED 4-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 27, 50	24c. NAME OF CEMETERY OR CREMATORY Union Chapel		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 5-1-50	REGISTRAR'S SIGNATURE Roscoe Davidson	25. FUNERAL DIRECTOR'S SIGNATURE 82 Roland D. Clark	ADDRESS King City				

(Licensed Embalmer's Statement on Reverse Side)

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

7951 2 T 907



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, of by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Poland W. Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 4477

P. O. Address King City, 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.