

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13547

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural -- Buffalo</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>Paris Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co., Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLIE</u>		b. (Middle) <u>EDWARD</u>	
		c. (Last) <u>EDMONDS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1868</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Oran Joseph Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Hawkins</u>	
		14. NAME OF HUSBAND OR WIFE <u>Hallie Edmonds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles E. Edmonds, RFD, Louisiana, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cordis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Renal Disease</u>			
DUE TO (c) <u>Disease</u>			
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 <u>442X</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>4-9</u> , 1951, that I last saw the deceased alive on <u>4-8</u> , 1951, and that death occurred at <u>2:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. H. Lemellen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>	
23c. DATE SIGNED <u>4-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/11/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>	
DATE RECD BY LOCAL REG. <u>April 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, MO.</u>		ADDRESS	

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

Date Received: APR 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-76
Date Filed: APR 20 1951

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.