

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1951

State File No. 17216

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 13

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Locust Creek, Mo</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin 0580</u>   |   |
| c. LENGTH OF STAY (In this place) <u>2 mths</u>   |   | d. STREET ADDRESS (If rural, give township) <u>0</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Co Rest Home</u>  |   |  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>ALFRED</u> b. (Middle) <u>ORAL</u> c. (Last) <u>EDENS</u>  |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May-9-1951</u> |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u>                         | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   | 8. DATE OF BIRTH<br><u>Jan-29-1873</u>                        |
| 9. AGE (In years last birthday) <u>78</u>   | if under 1 year<br>Months <u>3</u> Days <u>11</u> | if under 12 hrs.<br>Hours <u>0</u> Min. <u>0</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><u>Laborer</u>   | 10b. KIND OF BUSINESS OR INDUSTRY                 | 11. BIRTHPLACE (State or foreign country)<br><u>Zanith Indiana</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>                  |
| 13a. FATHER'S NAME<br><u>Edmund Ezekiel Edens</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>D.K.</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Jennie Edens</u>  |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |   | 16. SOCIAL SECURITY NO. _____  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Glyde Edens</u>   |   | ADDRESS<br><u>Bucklin Mo</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Cerebral thrombosis</u> |   |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | 334 X  |   |
| 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) (Min.)  |   | 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>Mar 14, 1951</u> to <u>April 29, 1951</u> , that I last saw the deceased alive on <u>April 21, 1951</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above. |   |  |   |
| 23a. SIGNATURE<br><u>Roy H. Taley M.D.</u>  |   | 23b. ADDRESS<br><u>Brookfield Mo</u>   |   |
| 23c. DATE SIGNED<br><u>5/6/51</u>   |   |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 24b. DATE<br><u>5/11/51</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Rose Hill</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Brookfield Missouri</u>  |   |
| DATE REC'D BY LOCAL REG.<br><u>May 18, 51</u>   |   | REGISTRAR'S SIGNATURE<br><u>Miss Budie Kelley</u>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Miss Budie Kelley</u>  |   | ADDRESS<br><u>Rose Hill Brookfield Mo</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

580  
4

JUN 5 1951

MAY 21 1951

Date Received: MAY 21 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-51-945  
Date Filed: MAY 22 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 *J. H. Blacklock*  
.....  
Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.