

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17749**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEADWOOD</b>		c. LENGTH OF STAY (In this place) <b>43 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEADWOOD</b>		0940
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>LEADWOOD</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>A.</b> c. (Last) <b>EDMONDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24, 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 16, 1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL SUPT.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LEADMINING</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HOUSTON EDMONDS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY JANE SWEENEY</b>		14. NAME OF HUSBAND OR WIFE <b>ESTHER EDMONDS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>493-05-0108</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ESTHER EDMONDS LEADWOOD, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Coronary Injury - Deceased</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>come to his death due to</b>  DUE TO (c) <b>natural cause</b>		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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Residence</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Leadwood St. Francois Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 24, 1951</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Collapsed at home</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul Miller M.D. Coroner</b>		23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>5/25/51</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>May 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BISMARCK MASONIC CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BISMARCK, MO</b>

DATE REC'D BY LOCAL REG. <b>May 26, 1951</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boyer Funeral Home LEADWOOD, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 1

JUN 5 1951

RECEIVED

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 William E. Bayne

Licensed Embalmer No. 4730

P. O. Address Lealwood, 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.