

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1951
BIRTH NO. _____ REG. DIST. NO. **358** PRIMARY REG. DIST. NO. **6215** Registrar's No. **20**

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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, write RURAL and give town) Horton | | c. CITY (If outside corporate limits, write RURAL and give township) Horton -Osage Twp. | |
| c. LENGTH OF STAY (In this place) 14 years | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|----------------------------|---|---|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) _____ c. (Last) EDMONDS | | | 4. DATE OF DEATH (Month) (Day) (Year) September 10, 1951 | | | |
| 5. SEX M | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 31, 1885 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days | IF UNDER 2 WKS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Richard E. Edmonds | | 13b. MOTHER'S MAIDEN NAME Sallie E. Clark | | 14. NAME OF HUSBAND OR WIFE Nellie Edmonds | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Nellie Edmonds ADDRESS Horton, Missouri | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Abdomen | | INTERVAL BETWEEN ONSET AND DEATH 4 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma stomach | | 6+ mo |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis Vertebrae extensorae | | 35 yrs |

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| 19a. DATE OF OPERATION May 18, 1951 | 19b. MAJOR FINDINGS OF OPERATION Perforation Carcinoma of Stomach Metastasis of Liver | | 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) 151X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 May 7, 19 51, to Sept. 9, 19 51, that I last saw the deceased alive on Sept. 9, 19 51, and that death occurred at 8:30 Am., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE (Deceased or title) Rolland B. Gray | 23b. ADDRESS Moore Building, Nevada, Mo. | 23c. DATE SIGNED 9/12/51 |
|---|---|---------------------------------|

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|---|-------------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE September 12, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery | 24d. LOCATION (City, town, or county) (State) Horton Missouri |
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|--|--|---|
| DATE REC'D BY LOCAL REG. Sept. 18 | REGISTRAR'S SIGNATURE Bliss B. Daily 453 | 25. FUNERAL DIRECTOR'S SIGNATURE Ferry ADDRESS Nevada, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 24 1951
Dist. File 92-11238
Date Filed 9-22-51

• 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

[Handwritten Signature]

Signed
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.