

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36775

State File No. ....

No. 300  
10.48

FILED NOV 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bunceton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bunceton</b>	
c. LENGTH OF STAY (in this place) <b>50 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>---</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>			

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Betty** b. (Middle) **Tumy** c. (Last) **Edson**  
 4. DATE OF DEATH (Month) (Day) (Year) **November 17, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **April 9 1861** 9. AGE (In years last birthday) **90 Yrs.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (State or foreign country) **Cooper County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **William Hall** 13b. MOTHER'S MAIDEN NAME **Martha Gregory** 14. NAME OF HUSBAND OR WIFE **Louis Edson.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **---** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Leonard Holliday, Bunceton, Mo.** ADDRESS \_\_\_\_\_

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) **HOBAR VNEYMONIA.** INTERVAL BETWEEN ONSET AND DEATH **7 da.**

ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Nephritis**  
 DUE TO (c) **HYPERTENSION.**

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. **VERNICIOUS FURUNCLE.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **490X** 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from JUNE 1, 1951, to NOV. 17, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. James P. Caruth - M.D. - Bunceton, Mo.** 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED **Nov. 20 - 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 19, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Masonic Cemetery** 24d. LOCATION (City, town, or county) (State) **Bunceton, Missouri.**

DATE REC'D BY LOCAL REG. **Nov 19 - 1951** REGISTRAR'S SIGNATURE **Hellie Phellett** 25. FUNERAL DIRECTOR'S SIGNATURE **Goodman & Boller, Boonville, Mo.** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

270  
1

RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 27 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. Goodman*

Licensed Embalmer No. 1178

P. O. Address *Beavills, Md*

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.