

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1476 E. Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1476 E. Grand</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Baker</u> c. (Last) <u>Edmonds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 16, 1913</u>
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>American Airlines</u>	11. BIRTHPLACE (State or foreign country) <u>Vienna, Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>American Airlines</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fred Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Nell Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give year or dates of service) <u>W.W. # 2</u>		16. SOCIAL SECURITY NO. <u>486-38-7392</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annitta Jack Springfield, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gun shot wound of the head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</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) _____ DUE TO (c) _____			
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'S _____ <u>E 976</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) <u>1-18-52 3:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>gun shot wound</u>			
22. I hereby certify that I attended the deceased from <u>10</u> to <u>10</u> , that I last saw the deceased alive on <u>10</u> and that death occurred at <u>3:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Allen Pickens, Coroner</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>407 Medical Arts Bg.</u>	
23c. DATE SIGNED <u>1-21-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/22/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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

MAR 9 1967
2367 97 4445

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 _____

Licensed Embalmer No. 4813

P. O. Address Springfield

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.