

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4488

State File No.

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo. 03517</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>817 N. Edwitt St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>817 N. Edwitt St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>A. Edmonston</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 19-1879</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Gin</u>		11. BIRTHPLACE (State or foreign country) <u>Hornersville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jesse Edmonston</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Todd</u>		14. NAME OF HUSBAND OR WIFE <u>Mar Edmonston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>440-14-3610A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Walter A. Edmonston Kennett, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 1 1/2 -</u>	
		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 _____		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) <u>4341</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

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 11:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Hopkins, Cor.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>2-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-6-52</u> REGISTRAR'S SIGNATURE <u>Edwitt</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>221 S. 2nd St. Kennett, Mo.</u>			

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-8-52
COUNTY FILE NUMBER ..252-43.....

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 *Edgar Lee Ford*

Signed.....
Student Embalmer

Licensed Embalmer No *4438*

P. O. Address *Kennett 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.