

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9244

State File No.

FILED APR 8 1952

REG. DIST. NO. 246

PRIMARY REG. DIST. NO. 5835

Registrar's No. 5

0730

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

Dr. Kuhn

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 Box 318., Joplin, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #3 Bx 318E Joplin,</u>			
3. NAME OF DECEASED (Type or Print) <u>LEVI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1952</u>	
a. (First)		b. (Middle)	
c. (Last) <u>EDENS</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>Sept 9, 1879</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't Mgr. Machine Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Farmington, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>William J. Edens</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pirtle</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Edens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-8416</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Edens</u> ADDRESS <u>Rt#2., Hoplin, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7-20-48</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Diabetes Mellitus</u>		DUE TO (c)	
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 <u>260X</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>7-20-1948</u> , to <u>3-15-1952</u> , that I last saw the deceased alive on <u>3-15-1952</u> , and that death occurred at <u>10:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>	23c. DATE SIGNED <u>3-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-25-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo</u>	

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File No. 459-56

Date Filed APR - 7 1952

NEOSHO, MISSOURI

DEC 29 1955

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 Perla R. Rasmussen

Signed
Student Embalmer

Licensed Embalmer No. 3890.

P. O. Address Joplin, 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.