

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27037

State File No. ....

FILED SEP 8 - 1952

BIRTH NO. ....		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4004</u>	Registrar's No. <u>70</u>
1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>		
b. CITY OR TOWN <u>BOLCKOW</u>		c. LENGTH OF STAY (In this place) <u>1 YR</u>	c. CITY OR TOWN <u>BURLINGTON JUNCTION</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEELEY NURSING HOME</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>E.</u> c. (Last) <u>EDMONDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 2 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 3, 1869</u>	9. AGE (In years) (Last birthday) <u>82</u> If under 1 year: Months <u>11</u> Days <u>30</u> If under 24 hours: Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>		11. BIRTHPLACE (State or foreign country) <u>NORBORN MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>W.L. EDMONDS</u>		
13b. MOTHER'S MAIDEN NAME <u>ANNA WILLIS</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE DAVISON EDWARDS</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> </u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>HOWARD EDMONDS 503 GRANT STR. VALLEJO, CALIF.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) <u> </u>  DUE TO (c) <u> </u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) <u>Bolckow Andrew Mo</u>
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>Aug 21, 1952</u> to <u>Sept 2, 1952</u> , that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. Wood</u>		23b. ADDRESS (Degree or title) <u>M.D. Bolckow Mo</u>		23c. DATE SIGNED <u>9/2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>
24d. LOCATION (City, town, or county) (State) <u>BURLINGTON JCT MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. H. ... Burlington Jct. Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>L. Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS

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

**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 \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 2968

P. O. Address. Burl. Ind 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.

*by: nos 2011*