

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30541**

FILED AUG 26 1952

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

BIRTH NO. _____		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6203		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Texas 1070				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tx b. COUNTY Texas 1070			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Current		c. LENGTH OF STAY (If this place township) 31 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Current		d. STREET ADDRESS (If rural, give location) 1 mi N. of Hartshorn	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ELIZABETH			c. (Last) EDGEMOND	
4. DATE OF DEATH (Month) (Day) (Year) 8 10 52		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH 12-16-1869		9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (State or foreign country) Miller Co Mo	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chris Loader		13b. MOTHER'S MAIDEN NAME Sarah Jenkins		14. NAME OF HUSBAND OR WIFE James Monroe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) CHRONIC VASCULAR DISEASE					
		DUE TO (c) SENILITY					
		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 4214				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) (m.)		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 Jan , 19 52 , to Aug , 19 52 , that I last saw the deceased alive on Aug 9 , 19 52 , and that death occurred at 7:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Raulle Houghton (Degree or title)				23b. ADDRESS Summersville		23c. DATE SIGNED 8-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-52		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Texas Co Mo.	
DATE REC'D BY LOCAL REG. 8/19/52		REGISTRAR'S SIGNATURE Anna Roberts 43350		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott Funeral Home Houston Mo			

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.