

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

**6519**

State File No.                     

**FILED FEB 17 1953**

BIRTH NO.                      REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>                    </u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 3. New addition</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 3.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) <u>Bryan</u> c. (Last) <u>Edmonds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-1953</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>3-6-1898</u>		9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorative</u>	

13a. FATHER'S NAME <u>George Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>                    </u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Edmonds Rt # 3 Joplin Mo</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes W.W. # 1</u>		16. SOCIAL SECURITY NO. <u>495-30-5788</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maudie Edmonds Rt # 3 Joplin Mo</u>	
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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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</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>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>002X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)		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 Feb. 1, 1953 to Feb. 3, 1953 that I last saw the deceased alive on Feb. 3, 1953, and that death occurred at                      m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Joplin Mo</u>		23c. DATE SIGNED <u>2-6-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-7-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
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DATE REC'D BY LOCAL REG. <u>R-9-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Joplin Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

3. No. 300  
v. 10.48

RECEIVED 2-16-53  
Jasper County Health Office

County File Number 53/2/163  
Date Filed 2-17-53

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 David Bellon

Licensed Embalmer No. 3898

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.