

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17283

State File No. ....

FILED JUN 15 1953

53

3010

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (in this place) <b>3 WKS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL COMMERCE TWP. 1000</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTHEAST MO. HOSP</b>				d. STREET ADDRESS (If rural, give location) <b>2 1/2 MI WEST OF COMMERCE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b>		b. (Middle) <b>EMMA</b>		c. (Last) <b>EDMONDS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6-1953</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV 15, 1879</b>	
9. AGE (In years last birthday) <b>73</b>		10. IF UNDER 1 YEAR Days <b>6</b>		11. IF UNDER 1 HR. Hours <b>21</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>		11. BIRTHPLACE (State or foreign country) <b>BENTON, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>WM M. LEMLEY</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY ESSMAN</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH WILLARD EDMONDS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carol Anderson</b> ADDRESS <b>Commerce Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatoid arthritis</b> DUE TO (c) <b>acute nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)			
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 <b>5/14</b> , 1953, to <b>6/6</b> , 1953, that I last saw the deceased alive on <b>4/6</b> , 1953, and that death occurred at <b>3</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. H. Stein</b> (Degree or title) <b>MO</b>				23b. ADDRESS <b>Cape Girardeau</b>		23c. DATE SIGNED <b>6/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-8-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAKDALE</b>		24d. LOCATION (City, town, or county) (State) <b>COMMERCE MISSOURI</b>	
DATE REC'D BY LOCAL RES. <b>6-10-53</b>		REGISTRAR'S SIGNATURE <b>C. C. Summer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Douglas Hoff</b> ADDRESS <b>Funeral Home, S. Mo., Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Oliver C Smith*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address. Illmo, 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.